

Alternative Life Moving Strategies, Inc.

Enriching Young Lives Through Academics and Athletics

Colossians 3:23

HEAD COACH:
JONATHAN BUNTYN
512.749.2814

OFFICE USE ONLY

LAST NAME: _____

TEAM: _____

Saints Registration Form

Registration Fees: (covers uniforms, tournament fees, hotels and transportation/gas)

Student/Athlete's Name _____

School _____

Graduation Class _____ Date of Birth _____

Student email address _____

Home Address _____

Cell/Home Phone _____

Parents'/Guardians' Name _____ Parents'/Guardians' Contact #'s _____

Parent's/Guardians' email address _____

***The following responses are needed for statistical information only and will be held confidential (place an x):

Students Ethnicity _____

Did your child receive ___ free lunch, ___ reduce lunch or ___ None

Household size: ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 more: _____

Parent's highest level of education (please circle one)

HS diploma/GED Some College 2yr/AA Degree 4yrs/Bachelor Degree Master's Degree

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1. I hereby give my consent for my child to be videotaped and/or photographed during his/her participation in the Saints Athletic program. I also give my consent for these videotapes and/or photographs to be used in on the ALMS website, promotional & recruiting materials and other publications.
2. I understand that my child will be as closely supervised in all activities. I further acknowledge that ALMS, Inc., its employees, board or volunteers will not be held responsible for accidents or injuries of any kind. I further acknowledge that ALMS, Inc., is not providing any insurance coverage of any kind. If I wish my child to be covered, I will provide the coverage myself.
3. It is recommended that parents who do not have insurance coverage for their child should secure insurance for the duration of this program. (Please complete authorization for medical treatment form.)
4. I understand that all Saint Team members are required to maintain their uniform (wash/hang to dry) and must return uniform in same condition as provided. Also, to participate in fundraising activities and educational programming (provide ALMS with copy of current report card, college visits, workshops, tutoring) offered during the summer season.
5. I understand that I must be paid in full by due dates listed to secure myself a place on the Saints team. (**My child's play time is at the coach's discretion**)

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND HAVE PROVIDED THE INFORMATION REQUESTED. I AGREE TO THE POLICIES STATED AND WILLINGLY SIGN MY NAME.

Student Signature

Date

Parent's or Guardian's Signature

Date

**Please list any special circumstances we should be aware of (food allergies, health issues, etc.) in area provided on medical release form

NOTE: In order for you registration to be complete, please include a copy of each item listed below.

- **report card/transcript**
- **photo ID/student ID**
- **birth certificate.**

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Limited Financial Aid is available for registration fees only. The following information is required to be considered for financial assistance. If you are not seeking financial assistance then simply put "N/A" on line.

Adjusted Gross Family Income on most recent Federal Tax Return \$ _____
(Copy of this amount from your tax return is required)

Financial Needs Statement:

Use this space to provide any additional information (e.g., family size, source of income, hardships, qualify for free or reduced lunch) that will help us in determining financial aid eligibility.

Please make checks payable to: ALMS (with your child's name on the memo line)

Tourney / Basketball Questions?
Ask your team mom

Payment / Admin Questions?
Kym Buntyn
kbuntyn@gmail.com
210-952-5924

PAYMENT PLAN DATES ARE AS FOLLOWS:

| |
|--------------------------------|
| <u>SAINTS GOLD</u> |
| MARCH 21 st - \$300 |
| APRIL 18 TH - \$300 |
| MAY 16 TH - \$300 |

| |
|--------------------------------|
| <u>SAINTS ELITE</u> |
| MARCH 21 st - \$350 |
| APRIL 18 TH - \$400 |
| MAY 16 TH - \$450 |

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Permission and Authorization for Medical Treatment

I _____ Give my child _____

Permission to Participate in Basketball sponsored by A.L.M.S., Inc. he / she has my permission to participate in all educational/recreational activities such as academic classes, workshops and field trips, including any schedules trips out-of-town. I give my child permission to use transportation provided by A.L.M.S., Inc. when needed to ensure his / her attendance at schedules activities and will not hold A.L.M.S., Inc. and any transportation company obtained by A.L.M.S., Inc. responsible for any claims from any liabilities (medically, financially, or otherwise) which might be incurred during the trip or trips.

I also give permission to the Head Coach/Athletic Coordinator to furnish such minor medical care as my son/daughter may require. Further emergency treatment, i.e. treatment in the event of a serious illness/ injury or the need for hospitalization and /or major surgery, is granted, conditional upon understanding that the Head Coach/Athletic Coordinator or his/her authorized representative(s) will use reasonable effort as to contact the emergency reference (parent/guardian) names herein. Failure to such efforts, however, should not prevent the Head Coach/Athletic Coordinator or his/her authorized representative(s) from providing such emergency treatment under the care of the physicians(s) contacted by A.L.M.S., Inc. as may be necessary for the best interest of life of the student listed above. I further understand and agree that A.L.M.S., Inc. is not legally liable, financially or otherwise, for such emergency treatment (minor or serious)

PLEASE COMPLETE THE SECTION BELOW FOR YOUR FAMILY'S MEDICAL HEALTH PROVIDER: (please be sure to list any important medical history or allergies on the back of this form)

Student Name: _____

Name of Insurance Co. _____ Policy # _____

Name of Family Physician: _____ Phone: _____

Allergies _____ Health problems _____

In case of emergency, contact: _____ Relation: _____

Work #: _____ Home#: _____ Cell#: _____

Second emergency contact (if you are not reachable)-

In case of emergency, contact: _____ Relation: _____

Work #: _____ Home#: _____ Cell#: _____

Signature of Parent/Guardian _____ Date: _____

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RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF _____ (child name) being allowed to participate in any way in the **A.L.M.S/Saints organization** related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **A.L.M.S/Saints**; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

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6. I, the parent/guardian, will administer temperature checks for my child prior to bringing them to any event held/participating by the A.L.M.S/Saints organization.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Child/Ward: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward: _____

Signature of Child/Ward: _____

Date Signed: _____