



NEW RETURNING TEAM AGE _____

MEMBER NO. _____ PROOF OF BIRTH _____

CASH _____ AMOUNT PAID _____

CHECK NUMBER _____ 2025-2026
(Check made Payable to HPAL)



SHIRT SIZE _____

Adult Size

SHIRT SIZE _____

Youth Sizes (8u Division)

----- DO NOT WRITE ABOVE THIS LINE -----

Name _____ Age _____ Gender _____ Ethnicity _____

School _____ Grade _____ Birth Date _____ Language Spoken at Home _____

Home Address _____

Parent/Guardian Name _____ Phone _____

CELL Phone (Primary) _____ CELL Phone (Secondary) _____

Parent/Guardian Email Address: _____

EMERGENCY CONTACT If Parent/Guardian CANNOT be notified and/or contacted:

Name _____ Phone _____

Family Physician _____ Phone _____

• Allergies, Previous Illness or Injury, Restrictions, **Inhaler**, Etc. _____

NO JEWELRY AND PIERCINGS CAN BE WORN DURING PRACTICES AND GAMES

I, _____ Parent/Guardian of _____ hereby give my permission for the staff of HPAL to administer first aid to my child in case of medical emergency at either home or away activities. In the event I cannot be reached, I will allow the aforementioned individuals to exercise judgment in securing medical aid and ambulance services for the care and treatment of my child in such cases.

Parent/ Guardian Signature _____ Date _____

Comments: _____

• Insurance Name: _____ Policy _____

Address _____ Phone _____

****NO REFUNDS** ---- Initial: _____

****\$25 SERVICE CHARGE PLUS BANK FEES ON RETURNED CHECKS** --- Initial: _____

WAIVER HAS BEEN SIGNED --- Initial: _____ **CODE OF CONDUCT HAS BEEN SIGNED** --- Initial: _____