



**Faulkner County Homeschool Athletic  
 Association**  
 www.faulknerfalcons.com  
 faulknerfalcons@gmail.com

## 2020-2021 Basketball Registration Form

**Players should register by their 3<sup>rd</sup> practice. Until registered, players cannot participate in athletic events.  
 Each player must fill out a separate form.**

Player Information	
Player's First & Last Name	Player Birthdate:
Player's Home Phone	Player's Mobile & Email:
Mother's First & Last Name	Mother's Mobile & Email
Father's First & Last Name	Father's Mobile & Email
Primary Email Address	Player Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Player's Home Address (Street, City, & Zip)	

Fees	Volunteer to Help: Circle 1 or More								
Membership Fee _____ - \$170 for 18U, 16U, 14U - \$105 for 12U, 10U Insurance Fee                    \$10  <b>Total Fees:</b> _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Gate</td> <td>Facebook Reporter</td> </tr> <tr> <td>Clock</td> <td>Uniform Coordinator</td> </tr> <tr> <td>Game Book</td> <td>Team Manager</td> </tr> <tr> <td>Statistics</td> <td>State Tourney Help</td> </tr> </table>	Gate	Facebook Reporter	Clock	Uniform Coordinator	Game Book	Team Manager	Statistics	State Tourney Help
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### Checks / Payments

Please make checks payable to: FCHAA, and send registration forms & fees to:

**FCHAA, PO Box 1081, Conway, AR 72033**

If all forms & fees are submitted at the same time, the fees for multiple players in a family may be paid for with one check.

### Athletic Release, Academic Confirmation, & Insurance Enrollment Authorization

As the parent / guardian, I agree to the following:

- 1) I will abide by the guidelines set forth by the FCHAA Board of Directors including the Statement of Understanding.
- 2) I understand there are inherit risks involved in the sports which my child will participate. I will not hold FCHAA, its coaches, Board of Directors, volunteers, the owners of the gymnasiums, fields or courses liable for any injury my child may sustain as a result of his/her participation in that sport.
- 3) I acknowledge that my child is physically healthy enough to participate in athletics without restrictions.
- 4)  By checking this box, I confirm that I have submitted the Notice of Intent to Home School for my child, or  
 By checking this box, I confirm that my child is enrolled in the Arkansas Virtual Academy. ARVA ID# \_\_\_\_\_
- 5)  By checking this box, I confirm that my child is registered to play in the gender division that the player was born, as recorded on their original birth certificate.
- 6)  By checking this box, my signature below will serve as authorization for my child to be enrolled into the supplemental athletic insurance chosen by FCHAA.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date