



Honorary Captain Sign-Up Form

PLEASE PRINT CLEARLY

Athlete's Name: _____

Age: _____ Gender: _____ Adult Shirt Size: _____

Parent/Guardian's Name: _____

Address: _____

City, State and Zip: _____

Phone Number: _____

Email: _____

To see the complete list of *Participating Schools* please refer to www.aha-inc.com:

I am interested in the following schools: _____

I am interested in the following sports: Football: _____ Basketball: _____ Soccer: _____

Please be aware that most basketball games are on weeknights at 7pm.

I understand that I am voluntarily participating in this event I agree to assume full risk of any injuries, damage or loss which I may sustain as a result of participating in any or all activities connected with or associated with such an event. I agree to waive all claims that I, or anyone acting on my behalf, may have as a result of participating in this event. I hereby release Athletes Helping Athletes, Inc., all sponsors, volunteers, and employees from any claims from injuries, death, damage, or loss which I may have or which may accrue to me arising out of, connected with, or in any way associated with the activities of the event. I agree that Athletes Helping Athletes, Inc. may use my likeness and the likeness of those that I am registering (through photography taken at the event) for future promotion of Athletes Helping Athletes, Inc. events. I have read and fully understand the waiver and release.

Signature: _____ Date: _____

Please submit this completed form via mail, email or fax to:

AHA, Inc.
PO Box 172
Richboro, PA 18954

Email: info@aha-inc.com
Fax: 267-224-4444