



## SASO Boys Registration Form

SASO Year June 1, 2018 - May 31, 2019

Student's  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sept. 2018 Grade: \_\_\_\_\_ Sept. 2018 School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Phone: \_\_\_\_\_

Students email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Emergency Contact Cell: \_\_\_\_\_

Mother's email: \_\_\_\_\_

All registration forms must be mailed to: **SASO Boys, Fairfield Chapter  
VP of Membership  
P.O. Box 320665  
Fairfield, CT 06825**

*Suggested* Donation for the year: \$40 per student (\$25 for renewing members)

T-shirts additional \$15 each (only required for new members & required to wear at each event)

Please indicate size (S,M,L,XL) Son \_\_\_\_\_ Mother \_\_\_\_\_

SASO Boys, Fairfield Chapter is only as strong as our volunteers. In order to ensure the continued success of our organization please indicate your area of interest below:

\_\_\_\_\_ Board member \_\_\_\_\_ Philanthropy Liaison \_\_\_\_\_ Event Captain

***Please make check out to SASO Boys, Fairfield Chapter***



## Waiver Form

**Student Name:** \_\_\_\_\_

The undersigned parent, guardian or managing conservator of the minor student named above realizes that the Scholars and Athletes Serving Others Fairfield (hereinafter SASO) is a non-profit organization, and that SASO and its students are organized, managed, and supervised by volunteers, hereby consents, agrees, and binds herself/himself, his/her heirs and assigns to the following regarding student's participation in any and all SASO activities:

1. In consideration of the benefits by student's participation in any and all SASO activities, I hereby consent, approve, covenant, and agree to indemnify, defend and save harmless SASO, its agents, servants, representatives, directors, and officers from and against all actions or causes of action, claims, demands, liabilities, loss, damage, or expense of whatsoever kind or nature, including the negligence or gross negligence of SASO, which may be sustained or incurred by virtue of injury or damage to me as the parent or my student.
2. I understand and accept the risks involved in the activities my son and I are voluntarily participating in and agree to accept and all risks including but not limited to catastrophic injury.
3. I understand that I must give SASO a completed and signed registration form and waiver before my student is eligible to participate in SASO throughout their high school years.
4. I further understand that SASO does not provide any personal injury liability insurance whatsoever and that I must provide at my own expense and other insurance I deem necessary. In the event I cannot be reached during a medical emergency, I give my consent for medical treatment by a healthcare professional.
5. I also understand that my son's image may appear in photos or videos taken at SASO events. I hereby consent to SASO's use of such photos or videos, and waive any liability of SASO for using said photos or videos. I represent that I have read and understand this waiver and that the information on this registration form is true and correct.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_