



Registration Form

SASO Year June 1, 2019 - May 31, 2020

New Member: _____

Renewing Member: _____

Student's
Last Name: _____

First Name: _____

Sept. 2019 Grade: _____

Sept. 2019 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 Fairfield
VP of Membership
P.O. Box 320665
Fairfield, CT 06825**

Suggested Donation for the year: New Members -\$40
Renewing Members -\$25
T-shirts - \$15 each Son _____ Mother _____
XSmall _____ Sm _____ Med _____ Large _____ XL _____

Moms membership is included, however, we are only as strong as our volunteers. Please indicate your area of interest below:

_____ Board member _____ Philanthropy liaison _____ Event captain

Please make check out to SASO Fairfield.



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: _____