BILLINGS 2025 WINTER SPORTS REGISTRATION FORM

SAVE A COPY OR PRINT THIS DOCUMENT TO COMPLETE

REGISTRATION CHECKLIST

1. Complete Sports Registration Form.
2. Complete Sports Liability Waiver Form on the reverse side of this form.
3. **Return form to the Billings Front Desk.**

TO BE COMPLETED BY PARENT OR GUARDIAN

My student-athlete _____, has my permission to stay after school to participate in the following Fall 2025 sport (select one):

_____ Boys Basketball _____ Girls Basketball

Student Jersey Size (Adult Sizes) S M L XL

All after-school sports activities will be starting after school at 3:45 and going until 5:15 this year and are still a part of, and follow the same rules, procedures and guidelines as part of a regular school day. I understand that my student is responsible for attending and being properly prepared (including attire, snacks, water bottle and footwear) for all practices and competitions during the season unless s/he has informed the coach of scheduling conflicts. I also understand that if my student needs to miss any practice or competition, s/he will notify the coach and the school 24 hours in advance. I understand that practice ends at 5:15 and competitions have set days and end times. I will arrange for my student to be picked up within 15 minutes of the end of each practice and competition.

I agree with the above terms.

Parent/Guardian Signature: Date:

TO BE COMPLETED BY STUDENT-ATHLETE

I _____ , recognize that being on a team is both a privilege and responsibility. I will do my best to attend and be prepared for all practices and competitions. If I must miss a scheduled practice or competition, I will inform the head coach via phone or email 24 hours in advance. For all practices and competitions, I will arrive on time and be dressed in proper practice clothes and shoes, and I will bring a water bottle. I will respect coaches and fellow teammates by exhibiting sportsmanship at all times.

I agree with the above terms.

Student-Athlete Signature: Date:

BILLINGS 2025 SPORTS LIABILITY WAIVER

Student Name: _____

Sport: _____

Waiver:
I have read the attached Concussion Information Sheet. I understand that all sports and recreational activities involve a certain amount of risk of injury and I understand the risks involved in the specific sports in which my child chooses to participate. I understand that Billings cannot eliminate or prevent injuries from occurring to participants. Participation in sports also involves travel to and from practices and games.
I hereby give my permission for my child to participate in before- and after-school sports at Billings and I assume and accept all risks related to such participation.

I agree that Billings, its officers, trustees, employees and agents shall not be liable for injuries or harm to my student or my child's property or be subject to any claim or demand for any damages, loss, injury, or medical expenses whatsoever arising out of my child's participation in Billings before- and after-school sports. Further, my child has no medical condition which would prohibit him/her from participation in physical activities, including, but not limited to Billings sports activities offered before or after school. I hereby give my permission that in the event of an illness or injury, my child may be treated for such illness or injury.

Parent/Guardian Signature: _____

Date _____

Complete Sports Registration Form on reverse side.

Please direct all questions to Daniel Shin, at daniels@billingsmiddleschool.org