



# Grace Episcopal Day School Winter Activities Registration

<b>Student Name</b>	<b>Grade</b>
<b>Parent # 1 Name</b>	<b>Parent # 2 Name</b>
<b>Parent #1 Email Address</b>	<b>Parent #2 Email Address</b>
<b>Parent #1 Phone</b>	<b>Parent #2 Phone</b>
<b>Emergency Contact</b>	<b>Emergency Contact #</b>

- To register your child, indicate your selection by marking an X in the far left column.
- Sports Practices will begin the week of January 7th. All practices will be Mondays and Wednesdays.
- Games will begin the week of January 14th.
- All Participants must have a current liability form and a current sports physical on file.
- Cost to participate is \$75 for Messy Science and \$125 for each sport.
- Deadline to register is January 4th.

After School Activities					
Mark Your Selection	Grade	Price/Dates	Day/Time	Coach	Details
<input type="checkbox"/>	K-2nd	\$75 Jan 9,16,23,30 Feb 6,13	Wed. 3:30 - 4:30 PM	Mrs. Clark	Goo, slime, mud... bring it on! In this club, we will create a different gross activity each week. All children like to get messy and dirty, so lets have fun, and explore some science at the same time!

Flag Football					
Mark Your Selection	Grade	Price/Dates	Prac. Time	Coach	Sports Details
<input type="checkbox"/>	3rd-6th	\$125	Mon. & Wed. 3:30-5pm	Coach Neal Mars	* Coach Email: nmars@geds.net * Home games will be at Dye Clay YMCA.

Volleyball					
Mark Your Selection	Grade	Price/Dates	Prac. Time	Coach	Sports Details
<input type="checkbox"/>	3rd-6th	\$125	Mon. & Wed. 3:15-4:15	Coach Cari Rahn	* Coach Email: crahn@geds.net * Games/Tournaments are TBD

Medical/Insurance Information for Sports		
I authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgement of a licensed physical or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services provided, including emergency medical transportation.		
Insurance Carrier	Policy Number	Name of Primary
Family Physician	Phone Number	Hospital Preference
Allergies/Special Medications		
Parent/Guardian Signature		Date

Parental Waiver and Consent Form for Sports			
As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.			
I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.			
In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless Grace Episcopal Day School, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.			
Student Name	Grade	Sport	<input type="checkbox"/> Flag Football <input type="checkbox"/> Volleyball <input type="checkbox"/> Soccer <input type="checkbox"/> Track <input type="checkbox"/> All Sports
Parent Signature	Date		