



# Grace Episcopal Day School Spring Sports Registration

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent # 1 Name \_\_\_\_\_ Parent # 2 Name \_\_\_\_\_

Parent #1 Email Address \_\_\_\_\_ Parent #2 Email Address \_\_\_\_\_

Parent #1 Phone \_\_\_\_\_ Parent #2 Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

- To register your child, indicate your selection by marking an X in the far left column.
- All Participants must have a current liability form and a current sports physical on file.
- Cost to participate is \$125 for each sport.
- Deadline to register is March 15th.

GEDS Flag Football					
Mark Your Selection	Grade	Price/Dates	Prac. Time	Coach	Sports Details
	6th-8th	\$125	3:15-5pm	Coach Neal Mars	* Coach Email: nmars@geds.net *Practices start Monday, March 25th *Practices will be on Monday and Wednesday *Games are Tuesday and Saturdays

GEDS Track					
	3rd-8th	\$75	3:15-4:30	Coach Neal Mars	*Practice will start on Friday, March 29th *Practices will be on Fridays. *Track meet will be in May

## Medical/Insurance Information

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

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 ☐ Flag Football

☐ Volleyball

☐ Soccer

☐ Track

☐ All Sports

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_