



Grace Episcopal Day School Winter 2020 Sports Registration

Student Name _____ Grade _____ Age _____

Parent #1 Name _____ Parent #1 Cell Phone _____

Parent #1 Email _____

Parent #2 Name _____ Parent #2 Cell Phone _____

Parent #2 Email _____

Emergency Contact Name _____ Emergency Contact Cell Phone _____

SPORTS OFFERINGS:

- To register your child, please mark an "x" next to your selection
- Please make payment online through Class Notes, or in the front office

Winter Volleyball:

Open to grades: 3rd – 6th

Cost: \$150

Dates: January 7th – March 7th (tentative)

Coach: Hannah Morin

Practices: Mondays and Wednesdays 3:30-5:00 PM

Matches: Thursdays

Winter Football:

Open to grades: 3rd – 4th

Cost: \$150

Dates: January 7th – March 15th (tentative)

Coach: Neal Mars

Practices: Tuesdays and Thursdays 3:30-5:00 PM

Games: Mondays

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 the organization named below, its officers, coaches and 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.

I authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician 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.

Parent Signature _____ Date _____