



CORNERSTONE CHRISTIAN SCHOOL

HIGH SCHOOL SPORTS REGISTRATION FORM

Please select sport. If your student participates in multiple sports throughout the year, please select all the appropriate sports.

FALL	WINTER	SPRING
<input type="checkbox"/> HS Boys Football <input type="checkbox"/> HS Girls Volleyball <input type="checkbox"/> HS Cross Country	<input type="checkbox"/> HS Boys Basketball <input type="checkbox"/> HS Girls Basketball <input type="checkbox"/> HS Girls Spirit Squad <input type="checkbox"/> HS Girls Winter Guard	<input type="checkbox"/> HS Track <input type="checkbox"/> HS Boys Soccer

PLEASE NOTE!

A registration fee of \$100/sport is due by the first game/competition of the sport's season for high school athletes.

The NSAA requires all athletes to complete a physical before their *first day of practice*.

Your student athlete will not be allowed to participate (in practice or competition)
until the school has a copy of their physical on file.

Please print clearly

Athlete's Name _____

Birth Date _____ Current Age _____ Grade _____

Street Address _____

City _____ State _____ Zip Code _____

List experience in this sport _____

List any physical limitations, allergies, etc. _____

Does your child need modifications due to a disability to enjoy this program? _____

Father/Guardian _____ Mother/Guardian _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

As a parent, would you be willing to act as an Assistant Coach? Yes No

The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against Cornerstone Christian School and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verifies that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of Cornerstone Christian School to seek immediate medical attention for myself /my child.

I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Cornerstone Christian School newsletter, brochures, flyers, web site and any other publications. Consent is also granted for any use of my name/child's name in any part of those publication listed above. I have read this document and am fully aware of the content and implications, legal and otherwise.

_____ Guardian's Signature

_____ Date

For Office Use Only	Amount: _____	<input type="checkbox"/> Check # _____	Date: _____
	<input type="checkbox"/> Smart Tuition _____	<input type="checkbox"/> Cash _____	Employee Initials: _____