



# CORNERSTONE CHRISTIAN SCHOOL

## MIDDLE SCHOOL SPORTS REGISTRATION FORM

Please select sport. If your student participates in multiple sports throughout the year, please complete a form for **each** sport.

FALL	WINTER	SPRING
<input type="checkbox"/> MS Girls Volleyball <input type="checkbox"/> MS Cross Country (7/8)	<input type="checkbox"/> MS Boys Basketball <input type="checkbox"/> MS Girls Winter Guard <input type="checkbox"/> MS Girls Basketball	<input type="checkbox"/> MS Track
<b>YEARLONG</b> <input type="checkbox"/> Quiz Bowl (does not require physical)		

**PLEASE NOTE!**

- ✓ A registration fee of **\$75/sport** is due with this form.
- ✓ Your student athlete will not be allowed to participate (in practice or competition) until the school office has this registration form, the registration fee, and 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? \_\_\_\_\_

Has your child ever suffered a concussion? \_\_\_\_\_ If so, how many and when did they occur? \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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

Please check here if you plan to pay your bill online via ParentsWeb.

<b>For Office Use Only</b>	Amount: _____	<input type="checkbox"/> Check # _____	Date: _____
	<input type="checkbox"/> Entered in FACTS	<input type="checkbox"/> Cash <input type="checkbox"/> ParentsWeb	Initials: _____