



# CORNERSTONE CHRISTIAN SCHOOL

## HIGH SCHOOL SPORTS REGISTRATION FORM

Please select all sports your student will participate in during this school year.

FALL	WINTER	SPRING
<input type="checkbox"/> Boys Football (\$130.00) <input type="checkbox"/> Girls Volleyball <input type="checkbox"/> Boys & Girls Cross Country <input type="checkbox"/> Boys Tennis	<input type="checkbox"/> Boys Basketball <input type="checkbox"/> Girls Basketball <input type="checkbox"/> Girls Cheer <input type="checkbox"/> Boys Swimming	<input type="checkbox"/> Boys & Girls Track <input type="checkbox"/> Boys Soccer w/GCHS <input type="checkbox"/> Girls Soccer w/GCHS <input type="checkbox"/> Girls Tennis <input type="checkbox"/> Boys Baseball
<input type="checkbox"/> Quiz Bowl (does not require physical)		<input type="checkbox"/> Archery (does not require physical or fee)

- ✓ To participate (practice/competition) a registration form and physical must be on file. The physical must be dated on or after May 1<sup>st</sup> to be considered a current physical.
- ✓ There is a registration fee due for each sport. The fee is \$115, except for football which is \$130.
- ✓ Additional required forms are the NSAA consent form and the concussion acknowledgement form.

Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 Facts Family Portal.

<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"/> Facts	Initials: _____