



CORNERSTONE CHRISTIAN SCHOOL

MIDDLE SCHOOL SPORTS REGISTRATION FORM

Please select all sports for the year.

FALL	WINTER	SPRING
<input type="checkbox"/> MS Girls Volleyball	<input type="checkbox"/> MS Boys Basketball	<input type="checkbox"/> MS Track
<input type="checkbox"/> MS Cross Country	<input type="checkbox"/> MS Girls Basketball	
<input type="checkbox"/> MS Boys Football (\$105)		
<input type="checkbox"/> Quiz Bowl (does not require physical)		<input type="checkbox"/> Archery (does not require physical or fee)

- ✓ A registration fee of **\$90** is due for each sport, except for football which is \$105.00.
- ✓ Your student athlete will not be allowed to participate in practice or competition until the school office has physical and registration/concussion form and their physical on file.

Athlete's Name: _____ Grade: _____

Father/Guardian: _____ Mother/Guardian: _____

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.

_____ Date

Guardian's Signature

Please check here if you plan to pay your bill online via Facts Family Portal.

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