CORNERSTONE CHRISTIAN SCHOOL

HIGH SCHOOL SPORTS REGISTRATION FORM

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

FALL	WINTER	SPRING
☐ Boys Football ($130.00)	☐ Boys Basketball	☐ Boys & Girls Track
☐ Girls Volleyball	☐ Girls Basketball	☐ Boys Soccer w/GCHS
☐ Boys & Girls Cross Country	☐ Girls & Boys Swimming	☐ Girls Soccer w/GCHS
☐ Boys Tennis		☐ Girls Tennis
☐ Girls Cheer		☐ Boys Baseball
☐ Quiz Bowl (does not require physical)		☐ 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 1st 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.*

For Office Use Only

Amount: _____ ☐ Check # _____ Date: _____

☐ Entered in FACTS ☐ Cash ☐ Facts Initials: _____

PLEASE FILL OUT THE CONCUSSION ACKNOWLEDGEMENT FORM ON THE BACK

Concussion Acknowledgement Consent Form

I,_____ a student-athlete at Cornerstone Christian School, have been presented with information about concussions including signs and symptoms.

I understand that an element of risk is present that could result in brain trauma. I accept the responsibility for reporting any incident or signs and symptoms of a concussion to the Cornerstone Christian School Athletic staff.

Failure to report signs and symptoms of a concussion to the Athletic staff can be detrimental to my health and cause further brain trauma or even death.

I hereby give my consent to practice and play in intercollegiate athletic events knowing the risks and accepting the responsibilities stated above.

X _____

Student Signature

X _____

Parent/Guardian Signature