

3rd - 8th Grade Intramural Registration Form

Basketball

Return this registration form (along with a \$100 check made payable to Sophia Academy) to Coach Turner by Friday, December 2

Name: _____ Grade: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Phone: (_____) _____ Email: _____

Father's Name: _____ Phone: (_____) _____ Email: _____

Doctor's Name: _____ Phone: (_____) _____

Health Insurance Company: _____ Policy Number: _____

Please List Any Medical Conditions (or medication) We Should Be Aware Of:

Medical Treatment Authorization: I, being the legal guardian of the child listed above, authorize Sophia Academy and its representatives to request medical treatment as necessary to ensure the well being of my child.

(Parent / Guardian Signature)

Date

Waiver: I understand that my child's participation in athletics is a potentially dangerous activity. By signing below I am stating that my child is in the proper physical condition to compete in athletic activities and that I assume all risks associated with their participation. These risks include but are not limited to falls, physical contact with other participants, playing conditions at the event, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I hereby give my approval for my child's participation in Sophia Academy athletics. I also agree to waive, release, absolve, indemnify and hold harmless the Sophia Academy staff and its representatives, and the persons or parents supervising participants from any claims arising out of injury to my child.

(Parent / Guardian Signature)

Date

*** Students not picked up at the end of the activity will go to the after-school program***

*** No refunds available for missed sessions***