



EKHLA After School Athletics Program REGISTRATION FORM and Waiver

PARTICIPANT INFORMATION (Please type or print legibly)

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ D.O.B. _____

Uniform : T-Shirt Size _____ Short Size _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ cell: _____

Parent email: _____

(Include area code with telephone)

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____
(Please provide a copy of their ID)

Dismissal Arrangements after Practice _____ Additional EKHLA
release form must be filled out and returned to EKHLA office or via mail to tawilg@ekhla.org

Emergency contact*: _____ Relationship: _____ Phone: _____

Physician: _____ Physician's phone number: _____

Specify any of your child's health/ medical problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Sport: _____ Fee: _____

Payments: All fees must be paid by cash or check with the completion of the registration form, by the first practice date. Players will not be added to roster or allowed to play games without full payment.

Contact Information

Gabriela Tawil

210-302-6842 tawilg@ekhla.org

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

Consent/ Waiver :Agreement: I consent to my child participating in the EKHLA after school sports program. I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm arising out of these activities. I understand that the EKHLA activities are planned with the safety of the participants in mind. In case of an emergency, accident or illness, if I am not present, I hereby give the coach or representative of EKHLA to obtain any required medical attention my child may need. I will notify the coach of any physical limitations or any other information they need to know about my child. I further acknowledge that my child has the physical capacity reasonably necessary to engage in the sports I have enrolled him/her in. I agree to be the party responsible for all medical expenses which are incurred on my behalf. It is understood that EKHLA, all board members, and staff shall be held harmless against all claims, damages, loss, or expenses including attorney’s fees arising out of or resulting from participation in the after school athletic program. I have read the above waiver and understand the contents _____ **** initials of parent**

REQUIRES PARENT’S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____
