



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. _____ Grade _____

Uniform: T-Shirt Size _____ Short Size _____

Home address: _____

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

Country: _____ Telephone: _____ Mobile: _____

Parent email: _____

Please include all emails that you would like to receive game schedules and communication about the Athletic season.

(Include area code with telephone) Mobiles numbers with be used for Remind me texts.

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

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

Mother's mobile: _____ Father's mobile: _____

Person's Authorized to pick up child: _____

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: _____ \$180 _____

Payments: All fees must be paid by cash or check or credit card in the office 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. **Players are not able to practice without pre-participation Medical History and pre-participation Physical Examination Form.** _____ ** initials of parent/legal guardian

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/legal guardian

Photography Consent:

We like to celebrate your child's achievements. As a result, images of your child may appear on our school website, printed publication or materials, electronic publications, or classroom displays. I. **(print name)** parent/guardian _____ of _____ **(child)**

hereby: grant permission / do not grant permission (circle one) to EKHLA to take or use photographs of my child.

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 _____

