



Harvester Christian Academy and Preparatory School Athletic Registration Form 2019/2020

*****A Copy of front and back of Insurance Card must accompany this form*****

PLEASE PRINT *Parent signature required in three places and initials in four places*

Student Name: _____ Male _____ Female _____
(Last) (First) (Middle)

Address: _____
(Street) (City/State) (Zip)

Parent's Names: _____ E-mail Address: _____

LIST ANY PHONE NUMBERS, which may be needed in the case of an emergency
Please note: This may be the only information we have to reach you about an emergency!

Mother's Cell: _____ Father's Cell: _____

Mother's Work: _____ Father's Work: _____

Student's Cell: _____

Date of Birth _____ Age as of 9/1/19 _____ Grade in 19-20 school year _____

Please **INITIAL** each of following statements:

___ I (parent) understand that I must participate in concession duty, monitor school grounds and assist in after game clean up if such applies to the sport in which my child is participating.

___ I (parent) understand that I must support the activities of the Harvester Christian Academy Booster Club.

___ I (parent) understand that sport uniforms must be turned in clean to the Athletic Department within one week of the season end. Any uniform not turned in will result in deposits, grades and/or test scores being held.

TRAVEL RELEASE

I hereby give permission for my son/daughter, _____,
to travel on extra-curricular activity trips to all away athletic events and practices for the year beginning May 1,
2019 and ending May 31, 2020.

I understand that the events, travel, and trips will be supervised by a coach, school authority and/or adult chaperone. I hereby release Harvester Christian Academy and Preparatory School, its staff and chaperones from any claim for injuries or damages to the above named student.

Signature(s) of Parent(s) or Guardians(s)

Date

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

I (We) hereby give consent for _____ to:

- 1) Compete in athletics at Harvester Christian Academy and Preparatory School and /or GISA/ICSGA/GHSA/GICCA approved sports activities and events including their practices except those CROSSED out below:

	Tennis	Golf			
Baseball	Basketball	Cheerleading	Cross Country	Football	Sporting Clays
Softball	Soccer	Volleyball	Weight Training	Swimming	Track & Field
- 2) To accompany any school team or sports club of which the student/athlete is a member on any of its local or out of town trips;
- 3) And I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/ daughter being declared ineligible.

WARNING: Participation in organized school sports events and activities involve the potential for injury, which is inherent in all sports. Even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. By signing this permission form, you acknowledge that you have read and understand this warning.

PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

The undersigned hereby releases and forever discharges Harvester Christian Academy and its athletic division, along with all of its agents, volunteers, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any Harvester Christian Academy sponsored athletic game, activity, contest, or event.

The undersigned hereby assumes all risk of injury associated with any such Harvester Christian Academy athletic game, activity, contest, or event and fully indemnifies and holds harmless Harvester along with its agents, volunteers, directors, officers, assignors, and attorneys from and against each and every liability, loss, cost, damage, and expense, including attorney’s fees, which Harvester along with its agents, employees, directors, officers, assignors, and attorneys may incur as a result of any Harvester Christian Academy sponsored athletic game, activity, contest, or event.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

Signature of Parent(s) or Guardian(s)

Date

Signature of Student-Athlete

Date

INSURANCE INFORMATION

Please **initial** the following statement regarding insurance coverage for your son/daughter for the year beginning May 1, 2019 and ending May 31, 2020, then sign below:

_____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in Harvester Christian Academy and Preparatory School or GISA/ICSGA/MACAC/GHSA/GICAA sporting events, travel, practice, or trips:

COMPANY PROVIDING INSURANCE _____

NAME OF INSURED: _____

A COPY OF THE INSURANCE CARD IS REQUIRED WITH THIS FORM

Are there any existing medical conditions we should be aware of? _____

Please list any medication the student-athlete is currently taking. Please include any asthma treatment.

List any medications the student-athlete is allergic to: _____

In event of a medical emergency involving the above athlete during my absence while participating in a Harvester Christian Academy and Preparatory sporting event(game, practice, or travel), I hereby authorize the Harvester Christian Academy and Preparatory School coach, school official, or adult chaperone to arrange for and consent to any necessary medical services. This in no way obligates the coach, school official or chaperone for payment of services rendered if in the event such occurs:

Signature(s) of Parent(s) or Guardian(s)

Date

Please provide the following information for your athlete:

T-shirt Size: **YS YM YL AS AM AL AXL AXXL**

Collared Shirt Size: **YS YM YL AS AM AL AXL AXXL**

Jacket Size: **YS YM YL AS AM AL AXL AXXL**

Short Size: **YS YM YL AS AM AL AXL AXXL**

Shoe Size: _____