

SPORTS REGISTRATION FORM

PERSONAL INFORMATION:

Child's Name: _____

Age: _____

Home Phone Number: _____

EMERGENCY INFORMATION - In Case of emergency notify:

Person 1: _____ Relationship _____

Home Phone: _____ Cell Phone: _____

Person 2: _____ Relationship _____

Home Phone: _____ Cell Phone: _____

Family Physician: _____ Phone: _____

MEDICAL HISTORY:

Does the participating child have any of the following medical conditions? (Check all that apply):

Heart Disease

High Blood Pressure

Joint Problems

Arthritis

Asthma

Diabetes

Other (Specify): _____

Is the child presently under a doctor's care for a specific condition (Injury, surgery, etc)?

Yes No

If yes, please explain: _____

Is the child currently taking medication? Yes No

If yes, please explain: _____

PARTICIPATION WAIVER:

Due to the physical demands of playing sports, I understand that there is a risk of personal injury while participating in an athletic program. I accept complete responsibility for my child's health and well-being, and understand that such responsibility is not to be assumed by the staff, volunteers, or Gloria Dei Lutheran Church and School. Therefore, I will not hold them liable in the case of accidental injury.

Parent Signature: _____ Date: _____