

Central Day School Athletic Registration 2010 - 2011

Registration for: Basketball, K-4 — \$95 Basketball, 5-8 — \$110

There is a \$15 discount for registrations received by October 15.

Player: _____ Birth date: _____ Gender: M F

Teacher: _____ Address: _____

City/ST: _____ Zip: _____ Home Phone: _____

Church Member: Y N Church Attending: _____

Jersey Size: YS YM YL AS AM AL XL Short Size: YS YM YL AS AM AL XL

Parent/Guardian 1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Volunteer? Coach Assistant Team Parent

Parent/Guardian 2: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Volunteer? Coach Assistant Team Parent

Emergency Contact other than parent : _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Doctor: _____ Phone: _____ Hospital Preference: _____

List any medical conditions, allergies or medications taken on a regular basis :

Fees must be paid online thru E-Giving, by check to the office, or by credit card at the Information Desk at the West Entrance. A link to E-giving is available at www.centraldayschool.com/tuesdayinformer. There is a \$15 discount for registrations received by October 15. Registrations cannot be accepted after October 25. Grades 5-8: A Medical Release Form must be signed by your child's doctor and turned into the office before he/she can practice or play. The Medical Release Form may be downloaded from the homepage of the CDS website or provided by your doctor.

IF YOU PLAY FOR CDS, YOU CANNOT PLAY FOR ANOTHER TEAM

WAIVER: In order for my child (listed above), to participate in the athletic program being sponsored by Central Day School/Central Church, I understand that I will be responsible for any and all medical expenses for myself and my dependents and waive any legal right or claim I or my family might have against Central Day School and Church, Inc., its Staff, Board of Directors, or Coaches as a result of any injury incurred by participation in such activity or travel to and from any activity. I understand and acknowledge that by submitting this form I am authorizing any Central Day School or Central Church Staff Member, if in their sole discretion feel it is necessary to administer first aid, contact a doctor for medical treatment, summon emergency medical care or to transport to a medical facility for treatment to do so.

By submitting this form, parents and/or guardians are confirming that all information in this document is accurate and are agreeing to the terms and conditions contained herein for student to participate in athletics at Central Day School for the school year 2010/2011. If any question, DO NOT submit, but contact the Central Day School office without delay.

Parent/Guardian: _____ Date: _____

To submit this form, please save it to your computer, open your email, attach the saved document to the email and send to staceyfleming@centraldayschool.com. Within 48-hours, you will receive a confirmation email from staceyfleming@centraldayschool.com if you do not receive your confirmation email with 48-hours, please call 255-8212.