

Doris Todd Memorial Christian School

Preschool - Grade 8

Shaping Lives to Shape the Future



Basketball



Are you interested in helping coach? _____ Yes _____ No

Child's Name: _____ Grade: _____

Parent's Name: _____ Phone #: _____

E-mail: _____

All practices will be held at Paia Gym....Games will be at Eddie Tam Gym

Emergency Contact Information

Emergency Contact (Please Print)

_____ Phone # _____

2nd Emergency Contact

_____ Phone # _____

3rd Emergency Contact

_____ Phone # _____

Name(s) of Child/Children

I authorize the use and reproduction of any and all photographs or video footage for Doris Todd Christian School promotional purposes.

(Please fill out the back side)

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CHILD'S NAME _____ SPORT _____

Read the following carefully and sign below.

Sports Waiver and Release Form

Fill in all blanks. One form signed will cover all sports for the year.

AGREEMENT

In consideration of Doris Todd Memorial Christian School and its sports activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Doris Todd Memorial Christian School Athletics
2. **Medical Attention:** I hereby give my consent to Doris Todd Memorial Christian School to provide, through a medical staff of its choice, customary medial/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
3. **Readiness to Participate:** I will only participate in those Doris Todd Memorial Christian School, events, competitions, and activities for which I believe my child is physically and psychologically prepared.
4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in sporting activities and events. I will make my children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Doris Todd Memorial Christian School will not accept responsibility for injuries sustained by any student during the course of any sporting event or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Doris Todd Memorial Christian School. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Doris Todd Memorial Christian School and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of sports and injury. The parent should warn the child according to what the parent feels is appropriate.

Parent or Guardian Signature: _____ Date _____

Comments: _____

