

Lake Washington Girls Middle School
ATHLETICS REGISTRATION FORM 2009-2010

(Please Print)

PLAYER INFORMATION

Student last name:

First:

Student grade in 2008 – 2009:

Date of birth:

Parent/guardian last name:

First:

Parent/guardian last name:

First:

Street address:

City, State, Zip:

Home phone:

Cell/work phone:

Email:

With the signature(s) below, permission is hereby granted for _____ (participant) to participate in all practice sessions, games and other activities involving Lake Washington Girls Middle School Athletics during the 2009-2010 seasons. This permission extends to any travel to and from any and all practice sessions, games, and other activities sponsored and arranged by the team(s) for which my child is registered.

This permission is granted without reservation. Recognizing the risks presented by the competitive in the contact sport of volleyball, soccer, basketball, tennis, and ultimate frisbee, the signature below indicates a knowing, voluntary release of any claim which might be asserted against Lake Washington Girls Middle School, its Board, officers, teachers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers and any other agents representing Lake Washington Girls Middle School or the Cascade Middle School League. By waiving any right to assert a claim, I am agreeing to release, absolve and indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participating as a member of Lake Washington Girls Middle School Athletics. My waiver expressly means that I, the participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to activities of Lake Washington Girls Middle School Athletics, including any travel to and from activities sponsored and arranged by the Team(s) or School.

I, the participant's legal parent or guardian, do understand that insurance may not be provided by Lake Washington Girls Middle School, and do hereby release, absolve and agree to hold harmless Lake Washington Girls Middle School, its Board, officers, teachers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers and any other agents representing Lake Washington Girls Middle School or the Cascade Middle School League and its participating schools in the event of an accident of injury to my child.

This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transport to the nearest medical facility adequate to treat the emergency. Participant has the following medical condition(s): _____

Physician _____ Physician phone _____

Health Insurance Plan _____ Medical Plan Number _____

PLEASE COMPLETE THE REGISTRATION FORM ON OTHER SIDE

REGISTRATION & FEES			
<i>Mark sport and appropriate fees below</i>			
FALL SPORTS			
	<input type="checkbox"/>	Volleyball	Fee: \$65.00/season
	<input type="checkbox"/>	Soccer	Fee: \$65.00/season
Total fees for Fall Sports:			
WINTER SPORTS			
	<input type="checkbox"/>	Basketball	Fee: \$65.00/season
Total fees for Winter Sports:			
SPRING SPORTS			
	<input type="checkbox"/>	Tennis	Fee: \$65.00/season
Total fees for Spring Sports:			
<u>TOTAL SPORTS FEES:</u>			

- I, _____, am interested in volunteering for the following jobs for Soccer
- Volleyball Basketball Tennis :
- Assistant Coach
 - Transportation coordinator (arrange for carpools to fields after school for games and practices)
 - First aid (make sure insurance information, ice, and first aid kit are at each game/practice)
 - Uniform coordinator (distribute uniforms, keep records, collect and inventory at end of season)
 - Team picture coordinator
 - Snack coordinator

I qualified for tuition assistance for the current school year at LWGMS; please contact me about assistance for Sports fees:	
Payment is enclosed for the full year of Sports fees:	
Payment is enclosed for the current season only. Please invoice me later for future (i.e., Winter, Spring) Sports fees:	
Enclosed is my check, payable to LWGMS, in the amount of:	

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____