



Elementary After School Soccer -2011

For 1st – 6th grade Boys and Girls

Oct 31st – Nov. 18th

After School 3:30 -5:00 (see attached play day sheet)

Cost: \$65.00 – please make checks out to CHCS memo: Elem After School Soccer. Money needs to be sent in with this registration sheet.

See attached for participation days.

Child's Name: _____ Grade: _____

Shirt size: _____

Parent's name: _____ HM#: _____

WK#: _____ Family Physician: _____

Insurance Company: _____

Policy #: _____ Group#: _____

Emergency Contact: _____

Please list any medical problems: _____

Insurance Waiver: I fully understand that Colonial Hills Christian School does not provide insurance and it is my responsibility to provide insurance coverage for my son/daughter. Colonial Hills Christian School will not assume liability for injuries incurred by my son/daughter during participation in practice or playing in any interscholastic or after school program.

Authorization: In case of an emergency involving my child, which in the opinion of school authorities requires medical attention, I authorize the school or its representatives to take such emergency actions as may be deemed necessary, including the transportation of the student to a hospital or medical center and authorizing medical treatment.

I assume the responsibility for any medical expenses incurred during any emergency medical treatment. The Coach nor Colonial Hills Christian School will be held responsible for any medical expense.

I have carefully read and understand each of the above sections and will comply with these policies and statements.

Permission is given for my child to participate in after school activities.

Parent/Guardian signature: _____

Date _____