



**NON CHCS STUDENT/ HOMESCHOOL
ATHLETE PARTICIPATION APPLICATION**
Grades 6 – 12
School Year 2011- 2012

OFFICE USE ONLY Application Rec'd: _____ Fee Rec'd: _____
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GENERAL INFORMATION

Grade Entering as of 8/15/11: _____

Student Last Name: _____ First: _____ Middle: _____ Goes By: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Home Phone: _____

Date of Birth: _____ Age: _____ Sex: _____

School or Home School Association Affiliated With: _____

Last team played for: _____ Coach's contact #: _____

PARENT/LEGAL GUARDIAN

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

CHURCH INFORMATION

Church Attending: _____ Pastor: _____

Address: _____

EMERGENCY CONTACTS

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

INSURANCE INFORMATION

Insurance Company: _____

Member ID: _____ Group Number: _____

HEALTH INFORMATION

Does the student suffer from any of the following?

Allergies	___ Yes ___ No	Hemophilia	___ Yes ___ No
Asthma	___ Yes ___ No	Hypoglycemia	___ Yes ___ No
Diabetes	___ Yes ___ No	Physical Handicap	___ Yes ___ No
Hearing Difficulties	___ Yes ___ No	Respiratory Issues	___ Yes ___ No
Heart Condition	___ Yes ___ No	Visual Problems	___ Yes ___ No

Does student wear glasses ___ contacts ___

If you answered yes to any of the above, please explain _____

Does the student have any unusual health problems that the school should be aware of? _____

Does the student have any physical, emotional or attention problems which require special medication or limited participation in certain activities? Yes ___ No ___

If yes, please explain: _____

SPORT INFORMATION

Please check all sports applying for and what level 5th/6th grade, Middle School, JV, or Varsity:

___ Basketball	___ Cross Country	___ Soccer
___ Cheerleading	___ Football	___ Volleyball

	<u>Sports Fee</u>	<u>Equipment/Uniform Fee</u> <small>(refundable with turn in of items)</small>	<u>Total</u>
Football	\$250.00	\$150.00	\$400.00
All other sports	\$150.00	\$100.00	\$250.00

Number of years experience in sport: _____

We give permission for our child to take part in the school sports program and absolve the school from liability to us or our child because of any injury to us or our child at school or during any sporting event. In case of emergency or serious illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has my permission to make whatever arrangements deemed necessary for our child's treatment. If the emergency is life-threatening, and we cannot be reached, the physician has permission to act accordingly absolving the school of any liability. This statement shall serve as a blanket permission slip. We likewise, authorize CHCS, or anyone authorized by CHCS, to use and reproduce all audio and video tapes and photographs which CHCS takes of our child or any family member produced for school literature, advertisements, and promotional purposes without further compensation. All copies, masters, negatives, pictures and proofs shall constitute CHCS property, solely and completely.

Signature of Parent/Legal Guardian Date