## SOS ACADEMY CHARTER MIDDLE SCHOOL ATHLETIC PARTICIPANT REQUEST FORM

## \$125.00 non-refundable fee

Sports:		circle one:	
	<del>-</del>	N	1ale Female
First Name:	Last Na	me:	
Date of Birth: Month:	Day:	Year:	Age:
Address:			
	City	State	Zip
Parent or Guardian Name:	Но	ome Phone:	
		Cell Phone:	
	W	ork Phone:	
Emergency Contact Person:	Но	ome Phone:	
		Cell Phone:	
Primary Care Doctor:	W	ork Phone:	
understand that my child is responsible for her/his behavior at all any expenses or damages incurred as a result of my child's behavior esult in exclusion from the team.	_	· · · · · · · · · · · · · · · · · · ·	
agree that in the event of injury or illness, the staff member in chapense in obtaining medical treatment for my child.	arge of the team may act in r	my behalf and at my	
understand that it is necessary for my child to have an approved chool before trying out, practicing or competing in interscholast hange in my child's medical or physical condition which develop locument is signed.	ic athletic activities. I agree t	to inform the school of	
understand that a copy of my child birth certificate has to be on ctivities.	file in the school before tryi	ng out, practicing or co	ompeting in any athletic
understand that a copy of my child health insurance card (front ompeting in any athletic activities.	and back) has to be on file ir	n the school before try	ring out, practicing or
agree to be responsible for the return of all equipment issued by	the school to him/her.		
Parent or Guardian Signature		- <u> </u>	ate