



SHREVEPORT FORCE TRACK AND FIELD REGISTRATION FORM

Players and Parents:

Before signing this form, please be sure to read the Policy Statement that has been provided to you.

NOTE: SPRING Registration fee is \$300 for the first player in a family and \$250 for the second.

Athlete Information:

*Youth: Small, Medium, Large
*Adult: Small, Medium, Large, X -Large

First Name: _____ Gender: _____ *Shirt Size: _____
 Nick Name: _____ Age: _____ *Short Size: _____
 Middle Name: _____ Grade: _____ Phone: _____
 Last Name: _____ Birthdate: _____ Email: _____

Parent/Guardian Information #1:

First Name: _____ State: _____ Church Membership _____
 Last Name: _____ Phone 1: _____ Medical Insurance? Y / N
 Address: _____ Phone 2: _____
 City: _____ Email: _____

Parent/Guardian Information #2:

First Name: _____ State: _____ Church Membership _____
 Last Name: _____ Phone 1: _____ Medical Insurance? Y / N
 Address: _____ Phone 2: _____
 City: _____ Email: _____

Consent and Waiver:

CONSENT FOR MEDICAL TREATMENT: I, _____ the parent/guardian of _____, hereby grant permission for any Force coach/participating parent to seek emergency medical treatment in case of injury or accident incurred by my child while participating in a sports event with the Force.

LIABILITY RELEASE: I understand that The Force, each of its coaches, parents, and representatives, as well as any sports facility utilized for Force sporting events shall not be liable for any mistake of judgment, negligence, or otherwise except in the event of their own individual willful misconduct. I hereby agree, for myself and my child, to hold harmless The Force, each of its cocahes, parents, and representatives, as well as any sports facility utilized for Force sports events, against all claims, loss, damage, injury, and liability, however caused, or in any way connected with my child's participation in Shreveport Homeschool Sports Force Track and Field/Cross-Country or related activities.

ACCEPTANCE OF POLICIES: Both my child and I have read and accept the terms of participation and attendance at Force events as explained in this form and the Policy Statement furnished to me.

PARENT SIGNATURE: _____ DATE _____

SPRING SEASON FEES PAID _____ \$300 (\$250 for second child)

Please turn in the ACEL Physical Exam Form and a copy of the athlete's s birth certificate with this registration form.