

PORTLAND CHRISTIAN SCHOOL JUNIOR HIGH FALL SPORT SIGN-UPS

Please check the sport in which your child would like to participate:

_____ Cross Country (7th-8th)

_____ Golf (7th-8th)

_____ Soccer (6th-8th)

_____ Volleyball (7th-8th)

Junior High Athletic Fee is \$100 and must be submitted with this form.

Athlete Name: _____ **Gender:** M / F

Grade: _____ **Age:** _____ **Date of Birth:** _____ **Uniform Size:** _____

Address: _____

Phone #(s): _____ **Text:** Yes / No

Parents email(s): _____

Have you played this sport before? Yes / No **If yes, how many years:** _____

Insurance: _____ **Policy Number:** _____

Medical Issues/Allergies: _____

In case of emergency notify:

Name(s): _____ **Phone #** _____

Name(s): _____ **Phone #** _____

My child has my permission to participate in the PCS Elementary Fall Sports program in the sport of _____. In the event of injury or illness, I give my permission to seek appropriate medical treatment. If I cannot be reached, I give permission for medical personnel to administer medical care deemed necessary. Additionally, I give permission for my child to be transported to and from activities by PCS faculty, staff or volunteers. It should be noted that PCS faculty, staff or volunteers will not be held responsible for any injuries that occur during participation, transportation or other activities related to said program.

Parent's signature: _____ **Date:** _____

Please fill out and return to the school office by Wednesday, May 10, 2017