

# 2009-10 NYOS JAGUAR ATHLETICS REGISTRATION

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Grade for 2009-10 year: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's (or Guardian) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Mother's (or Guardian) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

- I am interested in volunteering time for \_\_\_\_\_ (sport).
- I understand that each family participating in the athletic program is expected to be involved and participate in a supportive manner (i.e., concession stands, golf tournament, tickets, homecoming events.)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical conditions NYOS should be aware of: \_\_\_\_\_

I understand the fees associated with each sport, and I have marked (X) below the sport(s) my child will participate in.

<b>FALL SPORTS</b>	<b>WINTER SPORTS</b>	<b>YEAR-ROUND</b>
____ Varsity Six-man Football (\$200.)	____ Varsity Boys Basketball (\$200.)	____ Running Club (\$75.)
____ Varsity Girls Volleyball (\$160.)	____ Varsity Girls Basketball (\$200.)	____ Cheer (150.)
____ MS (6 <sup>th</sup> -8 <sup>th</sup> ) Girls Volleyball (\$50.)	____ MS (7 <sup>th</sup> -8 <sup>th</sup> ) Boys Basketball (\$100.)	
	____ MS (7 <sup>th</sup> -8 <sup>th</sup> ) Girls Basketball (\$100.)	

\*MS (6-8<sup>th</sup>) Flag Football is a parent-sponsored organization and has separate registration form.

***\*If a student plays two sports (HS level), \$50. will be deducted to the total cost. .***

I, the parent/ Guardian of the above named player on the NYOS Jaguars team hereby give my approval for his/her participation in any and all activities during the current school year. I assume all hazards incidental to such participations including transportation to and from the activities, and do hereby waive, release, absolve, indemnify, and agree to hold harmless NYOS Charter School, the representative organization, sponsors, coaches, representatives, supervisors, participants and persons working with and/or transporting my child to and from any activities for any claim arising out of any injury to my child, whether the result of negligence or for any cause except to the amount covered by accident or liability insurance.

In the event of injury to my child \_\_\_\_\_, I hereby grant permission for my child to be transported as deemed necessary by the coach.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

In the event of injury to my child \_\_\_\_\_, I hereby grant authority to a qualified physician or emergency medical personnel to render such medical treatment as deemed necessary under the circumstances.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

For School Use Only

Date:	Registration:	Cash or Check#:	Amount Pd:	Agreement:
Report Card:	Birth Cert:	Physical:	Sport:	

***\*\*ALL FEES MUST BE PAID BEFORE STUDENT CAN PARTICIPATE.***