

**Golden Hills School
Sports Registration Form
2006/2007 School Year**

For additional information regarding this sport, such as practice information or game schedules, please click on the Athletics Link on our www.ghs.edu web site, then click on the link for this particular sport. Please fill-in this page completely.

Sport: _____

Cost: \$100.00 total, which includes \$75.00 + \$25.00 uniform deposit
The uniform deposit will be returned when the uniform is returned.

Student Name _____ Date of Birth _____

Address _____

City _____ Zip _____ Grade _____

Home Phone () _____ **Alternate Phone** () _____

Mother's Name _____ **Work Phone** () _____

Father's Name _____ **Work Phone** () _____

Person to contact in an emergency

1. _____ Phone () _____

2. _____ Phone () _____

Persons authorized to pick up child

1. _____ Phone () _____

2. _____ Phone () _____

Medical Insurance Company _____

Policy Number _____

Physician Name _____ **Phone** () _____

List any medical conditions _____

List any current medications _____

AUTHORIZATION FOR MEDICAL TREATMENT

I give my consent and permission to any supervising coach of the sport in which my child is participating with Golden Hills School the right, in my behalf and in my stead, to arrange for licensed and/or qualified physicians and/or trainers to render and provide immediate treatment to my child as to minor injuries that may be sustained by my child while participating in such sport, whether directly or indirectly, and whether sustained during practice or in active scholastic competition, where such injuries consist of, but are not limited to sprains, strains, minor fractures, dislocations, lacerations, contusions, abrasions and similar injuries, and all without necessity of any further or additional express authorization by me other than for this authorization. My above permission and consent also extends to the right of any said supervising coach to arrange for immediate medical treatment by a licensed or qualified physician and/or trainer, and for them to apply such emergency techniques as may be necessary as to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment is deemed reasonably necessary to preserve the life or limb of my child.

GOLDEN HILLS SCHOOL DOES NOT ASSUME FINANCIAL RESPONSIBILITY FOR ACCIDENTS INCURRED.

Parent/Guardian Signature _____ **Date** _____

Parent Volunteers: The GHS sports boosters are always in need of parent volunteers. If you want to help our team this year, please let us know by checking one of the following areas:

_____ **Snack Person for a game (organize snacks and water for the players for games)**

_____ **Photographer for the yearbook (VERY IMPORTANT)**