

WESTSIDE CHRISTIAN ACADEMY

Athletic Registration Form

Please Print

Players Name		Grade	
Address City/Zip		Parent/ Guardian	
Phone	Home # _____ Cell # _____	E-Mail	
Cost	GS XC \$60 HS XC \$150 Volleyball \$100 Golf \$100 HS Basketball \$225 7/8 Basketball \$175 5/6 Basketball \$120	Sport	

Waiver of Liability

I/We, parents/legal guardians, of the above named registrant and in consideration for participation in any and all of the activities involved in the Westside Christian Academy Athletic and Lutheran Elementary School League, including, but not limited to sport play, practice, and transportation to any league sanctioned activities. These athletic activities which we know and understand to involve inherent risks of personal injury. I/We hereby release, absolve, indemnify and hold harmless the Westside Christian Academy and its administrators, the Westside Christian Academy Board, team sponsors, team coaches and their assistants, and referees, and any other persons or entities involved with the administration of league activities from any and all liability for personal injuries, damages, or losses which we or my child may sustain in the above referenced activities.

Parent/Guardian Signature _____ Date _____

I would like to ensure the success of the Westside Christian Academy Athletic program by:

_____ **I am willing to help transport the team to games - (A Volunteer Driver Form must be on file at the Westside Christian Academy office)**

I/We, parents/legal guardians give permission for (child's name) _____

to be transported to/from all games for the Westside Christian Academy athletic season.

Parent Name (Please Print) _____

Parent Signature _____ **Date** _____

8/3/2020

