

Please include registration fee of \$35.00

**Harvester Christian Academy and Preparatory School
Road Runners Registration Form**

* Parent signature required in two places

PLEASE PRINT

Circle T-shirt size YS YM YL YXL AS AM AL AXL

Name _____ Male ____ Female ____
(Last) (First) (Middle)

Address _____
(Street) (City/State) (Zip)

Parent's Names _____ Email address _____

LIST ANY PHONE NUMBERS, which may be needed in the case of an emergency

Please note: This may be the only information we have to reach you about an emergency! Please include any cell phone number of work numbers you think may be helpful.

Home phone _____ Email address _____

Mother's cell _____ Father's cell _____

Mother's work _____ Father's work _____

Date of Birth _____ Age _____ Grade in 11-12 school year _____ Teacher _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

I (We) hereby give consent for _____ to participate in the HCA Road Runners Club.

WARNING: Participation in sports events and activities involve the potential for injury, which is inherent in all sports. Even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. By signing this permission form, you acknowledge that you have read and understand this warning. By signing this permission form, you release Harvester Christian Academy, its employees, directors, staff, board, and any agent of the school of any liability for any injury incurred while participating in HCA Road Runners.

PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

_____	_____
Signature of Parent(s) or Guardian(s)	Date
_____	_____
Signature of Student-Athlete	Date

Please initial the following statement regarding insurance coverage for your son/daughter for the year beginning July 1, 2011- June 30, 2012, then sign below:

____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in Harvester Christian Academy and Preparatory School or Road Runners sporting events, practice, or trips.

COMPANY PROVIDING INSURANCE: _____

NAME OF INSURED: _____

POLICY NUMBER: _____ **INS. CO. PHONE:** _____

Are there any existing medical conditions we should be aware of? _____

Please list any medication the student-athlete is currently taking: Please include any asthma treatment:

List any medications the student-athlete is allergic to: _____

In event of a medical emergency involving the above named athlete during my absence while participating in a Harvester Christian Academy and Preparatory sporting event (game, practice, or travel), I hereby authorize the Harvester Christian Academy and Preparatory School coach, school official, or adult chaperone to arrange for and consent to any necessary medical services. This in no way obligates the coach, school official or chaperone for payment of services rendered if in the event such occurs.

Signature of Parent(s) or Guardian(s) Date

CHILD PICK-UP INFORMATION

Child's Name _____

Grade _____ Teacher _____

Parent's Names _____

Please check here if your child needs to be escorted to EE (Extended Enrichment) after practice.

Note: If you are not here to pick up your child by the end of practice (4:00pm), he/she will be sent to EE.

Please list anyone that has permission to pick up your child after Road Runners practice. Include any carpool members.

Name

Phone #

Parent's Signature

Date