

***FIT Academy Charter School
Athletic Department
Spring Sports Registration Form
2019 – 2020***

<u>Sport Selected:</u>	<u>Fee:</u>	<u>Deadline:</u>
_____ Boys/Girls Track, Grades 5-8	\$75.00	Friday, Feb. 28
_____ Boys/Girls Golf, Grades 5-8	\$75.00	Friday, Feb. 28
_____ Boys/Girls Volleyball, Grades 5-8	\$75.00	Friday, Feb. 28

We have read the expectations and registration form on the right side of this page, and the behavior expectations/policies located in the FIT Academy Family Handbook. We agree to the expectations and policies of FIT Academy Charter School and Athletic Program.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Thank you for your support and effort,

Claud Allaire, School Director
Ed Cassidy, Athletic Director

Transportation: Parents are responsible for arranging transportation to and from all games and practices. Coaches are not permitted to provide transportation for players. Directions to athletic contests are available through the FIT Academy Athletic Department.

Refund Policy: Athletic participation refunds are not permissible after the first attended practice.

I, _____ grant permission for my
Parent or Guardian's name

child, _____, to participate in the
Child's name

sport of _____ and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify FIT Academy Charter School from any claims or law suits brought against the school by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the school in defense of such a claim/law suit.

I have instructed my child as follows:

1. He/she should behave in a way that is consistent with FIT Academy Charter School policies.
2. It is important that he/she to do exactly what the coaches require.

As parent or guardian, I agree to all the above stated considerations and conditions.

Signature: _____ Date: _____

Cell phone: _____ Work phone: _____

Home Address: _____

Child's Date of Birth: _____ Age: _____ Grade _____

Email _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

_____ Phone: _____

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Health conditions my child has: _____

**If you have specific health concerns about your child, please speak to the coach.

