

## SCS ARCHERY TEAM

This registration is for participating on the SCS team. The cost is \$50. **Make checks payable to SCS sports.** Boys and girls in grades 6th through 8th may participate. . To register, fill out this form (one per child) and return it to SCS school office by November 22<sup>nd</sup>, 2011.

T-shirts size: ys ym yl as am alg axlg circle one

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

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### PARENTS AUTHORIZATION

I, the parent/guardian of the above named child, hereby give approval to his/her participation in any or all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities and do hereby waive, release, absolve, indemnify to hold harmless the parent, local league organization, the school, the organizers, supervisors, participants and persons transporting my child to/from activities for any claim arising out of an injury to him/her except to the extent and in the amount covered by accident or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities or at other times while neither parent is available to grant authorization for emergency treatment.

Parent(s)/Guardian(s) signature: \_\_\_\_\_

Parent(s)/Guardian(s) Name (printed): \_\_\_\_\_

**No Refunds**