



# Harvester Christian Academy and Preparatory School Athletic Registration Form 2019/2020

**\*\*\*A Copy of front and back of Insurance Card must accompany this form\*\*\***

**PLEASE PRINT** \*Parent signature required in three places and initials in four places\*

Student Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Parent's Names: \_\_\_\_\_ E-mail 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!*

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Work: \_\_\_\_\_ Father's Work: \_\_\_\_\_

Student's Cell: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 9/1/19 \_\_\_\_\_ Grade in 19-20 school year \_\_\_\_\_

Please **INITIAL** each of following statements:

\_\_\_ I (parent) understand that I must participate in concession duty, monitor school grounds and assist in after game clean up if such applies to the sport in which my child is participating.

\_\_\_ I (parent) understand that I must support the activities of the Harvester Christian Academy Booster Club.

\_\_\_ I (parent) understand that sport uniforms must be turned in clean to the Athletic Department within one week of the season end. Any uniform not turned in will result in deposits, grades and/or test scores being held.

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### TRAVEL RELEASE

I hereby give permission for my son/daughter, \_\_\_\_\_,  
to travel on extra-curricular activity trips to all away athletic events and practices for the year beginning May 1,  
2019 and ending May 31, 2020.

I understand that the events, travel, and trips will be supervised by a coach, school authority and/or adult chaperone. I hereby release Harvester Christian Academy and Preparatory School, its staff and chaperones from any claim for injuries or damages to the above named student.

\_\_\_\_\_  
**Signature(s) of Parent(s) or Guardians(s)**

\_\_\_\_\_  
**Date**



## INSURANCE INFORMATION

Please **initial** the following statement regarding insurance coverage for your son/daughter for the year beginning May 1, 2019 and ending May 31, 2020, 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 GISA/ICSGA/MACAC/GHSA/GICAA sporting events, travel, practice, or trips:

COMPANY PROVIDING INSURANCE \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

### A COPY OF THE INSURANCE CARD IS REQUIRED WITH THIS FORM

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 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(s) of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

**Please provide the following information for your athlete:**

**T-shirt Size:**            **YS    YM    YL    AS    AM    AL    AXL    AXXL**

**Collared Shirt Size:**    **YS    YM    YL    AS    AM    AL    AXL    AXXL**

**Jacket Size:**            **YS    YM    YL    AS    AM    AL    AXL    AXXL**

**Short Size:**              **YS    YM    YL    AS    AM    AL    AXL    AXXL**

**Shoe Size:**              \_\_\_\_\_