



## 2014-15 SPORTS LIABILITY WAIVER

Student Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Waiver:

I understand that all sports and recreational activities involve a certain amount of risk of injury and I understand the risks involved in the specific sports in which my child chooses to participate. I understand that Billings cannot eliminate or prevent injuries from occurring to participants. Participation in sports also involves travel to and from practices and games. I hereby give my permission for my child to participate in before- and after-school sports at Billings and I assume and accept all risks related to such participation.

I agree that Billings, its officers, trustees, employees and agents shall not be liable for injuries or harm to my student or my child's property or be subject to any claim or demand for any damages, loss, injury, or medical expenses whatsoever arising out of my child's participation in Billings before- and after-school sports. Further, my child has no medical condition which would prohibit him/her from participation in physical activities, including, but not limited to Billings sports activities offered before or after school. I hereby give my permission that in the event of an illness or injury, my child may be treated for such illness or injury.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# BILLINGS 2014-2015 SPORTS REGISTRATION FORM

## TO BE COMPLETED BY PARENT OR GUARDIAN

My student-athlete, (*print name*) \_\_\_\_\_, has my permission to stay after school to participate in the following spring 2015 sport (select one):

Ultimate Frisbee

### OPTIONAL:

Spring Reign Ultimate Frisbee Tournament

(\$50... Note: We need to limit the number of players to approximately 21 to assure proper playing time for all participants ((First Come, First Served))

Tennis

Track

(Thursday Practices, Tuesday Meets starts 4/2: Students can participate in track as well as Ultimate or Tennis.)

Student jersey size:    YL        YXL    S        M        L        XL

All after-school activities, including this sport, are a part of, and follow the same rules, procedures and guidelines as, the regular school day. I understand that my student is responsible for attending and being properly prepared (including attire, snacks, water bottle and footwear) for all practices and competitions during the season unless s/he has informed the coach of scheduling conflicts. I also understand that if my student needs to miss any practice or competition, s/he will notify the coach and the school 24 hours in advance.

### I agree to the above terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## TO BE COMPLETED BY STUDENT-ATHLETE

I, \_\_\_\_\_, recognize that being on a team is both a privilege and responsibility. I will do my best to attend and be prepared for all practices and competitions. If I must miss a scheduled practice or competition, I will inform the head coach via phone or email 24 hours in advance. For all practices and competitions, I will arrive on time and be dressed in proper practice clothes and shoes, and I will bring a water bottle. I will respect coaches and fellow teammates by exhibiting sportsmanship at all times.

### I agree to the above terms.

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## REGISTRATION CHECKLIST

1. Complete Sports Registration Form.
2. Complete Liability Waiver Form.
3. Write check for \$195 per sport + \$50 for Spring Reign payable to Billings Middle School. Financial Aid applies to all sports.
4. **Return forms and check to Jennifer at the Front Desk.** Please direct all questions to Tom Strouse, Athletic Director, at toms@billingsmiddleschool.org or 206-854-6510.