

**TDSA Athletics Program Registration and Release Form
Spring Sports 2016-17**

Student Information:
Name: _____
Gender: M / F DOB: _____ Age: _____ Grade: _____
Register for: _____ Girls Soccer _____ Boys Touch Football _____ Boys Baseball
Parent(s) Information/Responsible Guardian(s):
Name: _____
Volunteer Opportunities: I am interested in: _____ Coaching the team _____ Running the Concessions at home games _____ Driving transportation bus (must be added to TDSA approved drivers list)

TDSA Athletics Participant Waiver:

I/We (the "Undersigned") do hereby consent and agree to the following as a participant of the Athletics Program of Torah Day School of Atlanta ("TDSA"). In connection with the participation in TDSA Athletic Activities and/or use of TDSA facilities, the Undersigned (i) on her or her own behalf, (ii) on behalf of his or her personal representatives, heirs, next of kin:

- Hereby releases, waives, discharges and covenants not to sue TDSA, and all of its directors, officers, board members, employees, volunteers, agents, independent contractors and sponsors, including any agent who assists in the performance of the Activities and/or use of TDSA facilities (herein referred to as the "Releasees"), for any and all loss, damage or expense to the Undersigned and any claim or demands therefore on account of injury to the person or property, or resulting in the death of the Undersigned arising out of or related to (i) the Undersigned's participation in the TDSA activities and/or use of TDSA facilities, (ii) transportation of the Undersigned to or from the TDSA Activities and/or use of TDSA facilities, of (iii) any dental or medical assistance or treatment of the Undersigned, whether caused by the negligence of the Releasees or otherwise.
- Hereby assumes full responsibility for any risk of bodily injury, including, but not limited to, permanent disability, death, or property damage arising out of or related to the Undersigned's participation in the TDSA activities, transportation of the Undersigned to or from the TDSA Activities and/or use of TDSA facilities, and any dental or medical assistance or treatment of the Undersigned, whether caused by the negligence of the Releasees or otherwise.
- Hereby acknowledges that the Activities and/or use of TDSA Facilities are voluntary, involve the risk of serious injury, including permanent disability, death, and property damage.
- Hereby agrees that this Release extends to all acts of negligence by the Releasees, including negligent rescue operations or procedures and is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and that if any portion of this Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.
- Hereby gives permission to TDSA and its directors, officers, employees, coaches and managers to provide routine health care and to administer any over-the-counter medications as deemed necessary by any of the foregoing .
- Hereby authorizes TDSA to take, use, and publish photographs, video or audio recordings, or quotations from interviews of me/my family members which may be used for editorial, fundraising, and/or promotional and advertising purposes and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I agree that there is to be no financial compensation for said use or publication, and hereby releases TDSA and persons functioning under its authority from all claims and liability relating to the same. I understand that to revoke this photo/video/testimonial release, I must do so in writing to TDSA Athletic Department, skelly@torahday.org.

By providing your contact information, TDSA reserves the right to send you (via email or direct mail) information regarding upcoming programs and events of interest to you. We do not share this information with entities outside of TDSA.

I HAVE READ THE TORAH DAY SCHOOL ATHLETICS PROGRAM RELEASE, FULLY UNDERSTAND AND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE, CONTINUING AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT OF THE LAW.

UNDERSIGNED:

Signature: _____ Print Name: _____

1985 Lavista Road NE Atlanta, GA 30329 404-982-0800 404-248-1039 (fax)

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PAYMENT:

Please note, until payment is received in full, or an agreed upon payment plan is in place, students will not be allowed to practice or participate in games.

Team Sport Choices:

Girls Soccer Boys Touch Football Boys Baseball

Please note, uniforms must be returned at end of the season.

Girls Soccer or Boys Touch Football Registration Fee Per Player: \$150.00

Boys Baseball Registration Fee Per Player: \$185.00

Total Amount Due: _____

Send in check made payable to: **Torah Day School**

Fill out credit card information below

**Please do not go online to pay for sports registration*

Credit Card: Visa Discover AMEX Mastercard

Name on Card: _____

Address: _____
 Street City & State Zip

Credit Card # _____ Exp. Date: _____ CCV: _____

*Torah Day will not offer sports scholarships this year.
If you would to make payment arrangements to pay the full amount,
please contact Shawndrika Lake in the business office at ext. 104.*