



Participation is on a first come, first serve basis. Please fill out the following information and return this form to your *i play!* coach by:

\_\_\_\_\_ (date)

**STUDENT INFORMATION**

**NAME:** \_\_\_\_\_ **STUDENT ID NUMBER:** \_\_\_\_\_


**DATE OF BIRTH (M/D/Y):** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GENDER:** F M


**SCHOOL:** \_\_\_\_\_ **GRADE:** 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>


**HOME ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

<b>RACE:</b>	<input type="checkbox"/> White	<input type="checkbox"/> Black/African Amer.	<input type="checkbox"/> Asian/Pac. Islander
	<input type="checkbox"/> Am.Indian/Native	<input type="checkbox"/> Multiple	<input type="checkbox"/> Other
<b>ETHNICITY:</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		

**SIZES** (Please choose one in each category)

 **SHIRT:** (Youth sizes) S M L  
(Adult sizes) S M L XL

 **SHORTS:** (Youth sizes) S M L  
(Adult sizes) S M L XL

 **SHOES:** Girls \_\_\_\_\_ Womens \_\_\_\_\_  
Boys \_\_\_\_\_ Mens \_\_\_\_\_

**PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **MILITARY STATUS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **MILITARY STATUS:** \_\_\_\_\_

**DID YOUR CHILD PARTICIPATE IN IPLAY! IN 2014-2015?** Yes No

**DID YOU PARTICIPATE IN FIT FAMILY CHALLENGE IN 2015?** Yes No

## San Antonio Sports *i play! afterschool* Participation Agreement

It's important for parents to support their child and stay actively engaged throughout the year. We ask that you read the requirements for participation very carefully before signing this document. There is a waiting list of children eager to join the program but our goal is to work together so that your child can participate all year. By signing below you agree to allow San Antonio Sports to track your student's progress throughout the year through their student ID number.

### Student Eligibility Requirements:

- Must be a 3<sup>rd</sup>-5<sup>th</sup> grader enrolled in the After School Challenge Program
- Must keep a passing grade in Math, Science, English and Social Studies
- Must exhibit excellent behavior and conduct
- Must attend each tournament event (transportation will be provided)

### Parent Commitment:

- Student must stay for the full hour of instruction
- Practice good nutrition and exercise habits at home
- Support your child by attending each tournament event on the following dates; October 24, December 5, January 23, March 5, and April 16.

Students who leave early from the *i play! afterschool* daily session, miss a session without an excused absence, or do not attend the tournament events are subject to losing their opportunity to participate in the program. Each occurrence will result in a strike, upholding the "3 strikes you're out" policy.

I commit to support my child, **(please print your child's name)** \_\_\_\_\_ in the *i play! afterschool* program and adhere to the requirements stated above by San Antonio Sports.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL CONSENT, MEDIA RELEASE, WAIVER OF LIABILITY

### Medical Consent

The parent or guardian signing below does hereby consent to all emergency medical and surgical treatments, including anesthesia and operations, which may be deemed advisable by any treating physicians and surgeons. The intention hereby being to grant authority to administer and perform all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable and necessary. I also agree that if the student is admitted to a hospital, he or she is to remain there until the treating physician recommends discharge.

Please indicate below any injuries, illnesses, allergies, disabilities, or medications San Antonio Sports should be aware of in relation to your child:

### Media Release

I hereby give San Antonio Sports permission to use film, videotape and/or photographs of the above mentioned minor for lawful promotional or information purposes.

I do not give San Antonio Sports permission to use film, videotape and/or photographs of the above mentioned minor for lawful promotional or information purposes

### Waiver of Liability

I agree that the above child's participation in San Antonio Sport's program is without assumption of liability of any nature by San Antonio Sports, its officers, directors, employees and staff or other volunteer instructors, and any training or event facility where the program activities are conducted. I do hereby, release and discharge the above mentioned individuals and entities from any and all claims my child may suffer or sustain, directly or indirectly, in connection with any such participation and activities.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_