

I CAN SCHOOLS ATHLETICS REGISTRATION FORM 2016-2017

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

**School** NEO HS

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Played before? YES NO      Number of Years Played: \_\_\_\_\_

Guardians Name:  
\_\_\_\_\_

Guardians Cell Phone:  
\_\_\_\_\_

Guardians email:  
\_\_\_\_\_

Emergency Contact Name:  
\_\_\_\_\_

Guardians Day Phone:  
\_\_\_\_\_

Emergency Cell Phone:  
\_\_\_\_\_

Guardians Evening Phone:  
\_\_\_\_\_

Emergency Evening Phone:  
\_\_\_\_\_

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**PARENTAL RELEASE AND HOLD HARMLESS AGREEMENT**

I understand that team members are expected to attend practices, obey team rules of coaches and obey rules of the I Can School Athletic department, as a parent pledge to demonstrate good sportsmanship and agree to abide by all I Can School rules and regulations. Those failing to do so will forfeit their uniform, registration fee and position on the team.

By signature below, I certify that the above information is true and accurate to the best of my knowledge. I further do hereby indemnify and hold harmless the I CAN SCHOOLS and waive my right to any and all claims against the I CAN SCHOOLS, its employees, agents, or volunteers arising from this youth sports league.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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I CAN SCHOOLS Athletics  
IMAGE RELEASE FORM

In consideration of \_\_\_\_\_, my minor child/children being allowed to participate in any way in the I CAN SCHOOLS Athletics programs, related events and activities, the under signed agrees that such participants likeness maybe photographed, videotaped, or presented on any electronic media, and that such image may be published in an outlet used to promote or publicize the I CAN SCHOOLS Sports Program.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**PLEASE SEE REVERSE SIDE**

AGREEMENT & RELEASE OF LIABILITY  
FOR MINOR PARTICIPATION IN  
I CAN SCHOOLS SPORTS PROGRAM

IN CONSIDERATION OF \_\_\_\_\_, my minor child/ward (“my child”), being allowed to participate in any way in the I CAN SCHOOLS ATHLETICS program; tournament travel, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS “RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child’s involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and,
4. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDENIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEFLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTATIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

UNDERSTANDING OF RISK

I understand the seriousness of the risk involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

I CAN SCHOOLS ATHLETICS  
EMERGENCY INFORMATION & CONSENT FORM  
Given to and carried by Coach for emergency situations

Athlete's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Guardians Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

Secondary Guardians Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

Emergency Point of Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Family Medical Insurance:

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Alt #: \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Serious Medical Condition: \_\_\_\_\_

I hereby grant consent to any and all health care providers designated by the I CAN SCHOOLS Sports Program to provide my child, \_\_\_\_\_ any Medical care as a result of any injury / illness.

The consent includes First Aid and transportation to / from health care providers.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)