

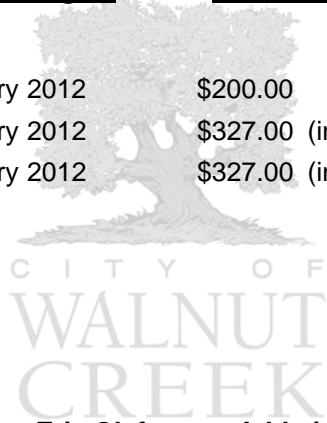
Foothill After School Sports Program Registration Form WINTER 2012

Welcome to Foothill Middle School's After School Sports Program! Our policy is to offer full participation, as often as possible, provided the student/athlete: maintains a **minimum 2.0 grade point average**, attends regular practices, maintains a positive attitude, stays focused on the activity, does not distract others by playing around, and is respectful to coaches, students, the facility, equipment and staff. Practices are held at Foothill. Games will be played at Foothill as well as other Middle Schools throughout the East Bay and Contra Costa County. A City of Walnut Creek Recreation Division employee will supervise all practices and games at our gym.

<u>Sport</u>	<u>Grade</u>	<u>Season Begins</u>	<u>Total Fee</u>
Boys Basketball			
<input type="checkbox"/> 18483 Intramural	6, 7, 8	January 2012	\$200.00
<input type="checkbox"/> 18479 Competitive	7**	January 2012	\$327.00 (inc. \$60.00 refundable uniform deposit)
<input type="checkbox"/> 18480 Competitive	8**	January 2012	\$327.00 (inc. \$60.00 refundable uniform deposit)

** Tryouts Required

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If you have any questions contact: **Eric Olafsson – Athletic Director, After School Sports**
925-256-3539 (Office); email: foothillsports@walnutcreekrec.org; Web-site: www.walnutcreekrec.org

Student Information

Please Print and Use Ballpoint Pen

Student's Name: _____ Sport: _____

M F Grade: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Fathers Name: _____ Home Phone: _____ Other: _____

Mothers Name: _____ Home Phone: _____ Other: _____

Parent Email: _____

Total Payment Enclosed \$ _____

Cash Check (made payable to CITY OF WALNUT CREEK) Check # _____

  Name on Card _____

Number _____ Exp. _____

Authorizing Signature _____

PAYMENTS WILL BE PROCESSED UPON RECEIPT

<<OVER>>

Emergency Contact Information

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

****Medical Emergency Information****

Medical Plan: _____ Medical Number: _____

Medical Problems/Allergies: _____

Doctors Name: _____ Phone: _____

Dentists Name: _____ Phone: _____

I hereby authorize any representative of the After School Sports Program, in the event of an emergency, to call the listed doctors, ambulance and/or take my child to the nearest hospital. I also consent to any x-rays, examinations, anesthetics, mental, dental, or surgical diagnosis or treatment and hospital care to be rendered to my child under general or special supervision and upon the advise of a surgeon, dentist, or the listed physician.

Parent/Guardian Signature: _____ Date: _____

Automobile Insurance Policy

If you plan to help the program by transporting our student athletes, then the vehicle used to transport the students to and from After School Sports Events, must have insurance coverage required by California State Law.

Insurance Name: _____ Policy Number: _____

Waiver of Liability

I understand that the After School Sports Events are active and physical and that participation will incur certain risks, which may result in serious personal injury and/or property damage as a consequence. I understand that this may include injury to all parts of the body. In addition to the risks to the body or personal property, there are unpredictable dangers involved in the After School Sports Program. I consent to the below person's participation in these activities and agree on behalf of said person and the undersigned that we assume the risk of accident or injury sustained from whatever cause in connection therein and release the City of Walnut Creek and their officers, agents, volunteers, independent contractors and employees from being liable for such accident or injury.

I also understand that NO REFUNDS will be given unless specific sport is canceled.

Parent/Guardian Signature: _____ Date: _____

Parent and High School Student Participation

Parent and High School student participation is very helpful. Check any of the following areas that you are able to volunteer to help in the event the Coach requests assistance.

- | | | | |
|------------------------|-------|-------------------|-------|
| 1. Organizing carpools | ===== | 4. Practice coach | ===== |
| 2. Telephone calls | ===== | 5. Referring | ===== |
| 3. Assistant coach | ===== | 6. Scorekeeping | ===== |

Volunteers Name: _____ Phone Number: _____

Relationship to Student _____