

# Home School Saints Football Registration Form

## PART I: INFORMATION

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Names: \_\_\_\_\_ Email Addresses: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

## PART II: PARENT/GUARDIAN AGREEMENT

I hereby give my permission for the participant named above to participate in the program called Home School Saints sponsored by Louisiana Home School Sports, Inc, a non-profit Louisiana corporation. I hereby give my permission for the participant named above to undergo medical treatment for any injury or illness sustained or acquired while engaged with the Home School Saints. I understand that the personnel of the Home School Saints use only those procedures to prevent, care for and rehabilitate injuries for which they are trained. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem. I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood this agreement, I freely sign and give permission to provide medical treatment. I will be responsible for all costs of medical attention provided. If the named participant is removed from play because physical signs/symptoms cannot be readily explained by a condition other than concussion, the coach shall notify the athlete's parent and shall not permit the participant to return to play or participate in activities involving physical exertion until the youth athlete is evaluated by a health care provider and receives written clearance from the health care provider for a full or graduated return to play. I and the named participant read the Concussion Information (when registering online) as required by Senate Bill 189 signed into law on June 29, 2011.

I understand and am aware that the use of facilities and equipment used by the Home School Saints has inherent and unanticipated and unknown risks and dangers that may cause injuries or death. I expressly assume all risk for injury or death that may be sustained during use of the facilities and equipment, its officers and volunteers, defects in the facilities and equipment, the negligence of others and my own negligence or misuse. In consideration of being permitted to use Home School Saints facilities, services and equipment, I hereby release, acquit and discharge the Home School Saints, Louisiana Home School Sports, its successors and assigns, and its offices, directors, agents, and volunteers of and from all claims and liability of any kind which agree that I will not sue or commence any action of any kind against the Home School Saints, Louisiana Home School Sports, its successors and assigns and its officers or volunteers. I hereby consent to and permit the Home School Saints volunteer staff to use data regarding the participant in reports, statistical reports and/or publications. I authorize the Home School Sports to use any photographs, video and articles about the named participant for publicity purposes.

I have no knowledge of any physical impairment that would affect the named participant's ability to participate in the Home School Saints. I acknowledge that the named participant will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground; that he may incur a risk of injury. I specifically waive and give up and release the Home School Saints, Louisiana Home School Sports Inc., its owners and staff from liability for any claim for damages which I or my son may have for injuries or illnesses that he may sustain. I have had a medical professional complete the Medical History Form required as part of the participant's registration.

I acknowledge that the participant is under the age of 19 and is home-schooled. If the participant discontinues home schooling, I agree to alert LA Home School Sports and Home School Saints volunteer staff immediately. I have reviewed the information provided and certify it to be true and correct.

## PART III: COST OF PROGRAM & SIGNATURE

I agree to make Payment of Registration Fee which will provide a full uniform, helmet, shoulder pads, rentals and other expenses. Registration Fee for 2016 Season is:

First (1<sup>st</sup>) participant from the same family - \$400

Second (2<sup>nd</sup>) participant from the same family - \$350

Third (3<sup>rd</sup>) and beyond participant from the same family - \$300 each

Check one payment option:

\_\_\_\_\_ Checks made payable to "Louisiana Home School Sports" handed in at first team practice

\_\_\_\_\_ Credit card/Paypal payment online at homeschoolsaints.org made before first team practice

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