



Student Athlete Registration Form 2014-15

My child will participate in JSAC sports this school year. Please cross (☒) as required.

Fall Season (August – October)

<input type="checkbox"/> G8-9 Boys Football	<input type="checkbox"/> G6-7 Boys Basketball	<input type="checkbox"/> G4-5 Boys Football	<input type="checkbox"/> Swim Team (try-outs)
<input type="checkbox"/> G8-9 Girls Football	<input type="checkbox"/> G6-7 Girls Basketball	<input type="checkbox"/> G4-5 Girls Football	<input type="checkbox"/>
<input type="checkbox"/> G8-9 Cross-Country	<input type="checkbox"/> G6-7 Badminton	<input type="checkbox"/> G4-5 Cross-country	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> G6-7 Cross-Country	<input type="checkbox"/>	<input type="checkbox"/>

Pre-season Spring Training (November – December)

<input type="checkbox"/> G8-9 Boys Basketball	<input type="checkbox"/> G6-7 Boys Football	<input type="checkbox"/> G4-5 Boys Basketball	<input type="checkbox"/> Swim Team
<input type="checkbox"/> G8-9 Girls Basketball	<input type="checkbox"/> G6-7 Girls Football	<input type="checkbox"/> G4-5 Girls Basketball	<input type="checkbox"/>

Spring Season (January – April)

<input type="checkbox"/> G8-9 Boys Basketball	<input type="checkbox"/> G6-7 Boys Football	<input type="checkbox"/> G4-5 Boys Basketball	<input type="checkbox"/> Swim Team (try-outs)
<input type="checkbox"/> G8-9 Girls Basketball	<input type="checkbox"/> G6-7 Girls Football	<input type="checkbox"/> G4-5 Girls Basketball	<input type="checkbox"/>
<input type="checkbox"/> G8-9 Badminton	<input type="checkbox"/> G6-7 Track & Field	<input type="checkbox"/> G4-5 Badminton	<input type="checkbox"/>
<input type="checkbox"/> G8-9 Track & Field	<input type="checkbox"/>	<input type="checkbox"/> G4-5 Track & Field	<input type="checkbox"/>

Pre-season Fall Training (May– June)

<input type="checkbox"/> G8-9 Boys Football	<input type="checkbox"/> G5-7 Boys Basketball	<input type="checkbox"/> G3-4 Boys Football	<input type="checkbox"/> Swim Team
<input type="checkbox"/> G8-9 Girls Football	<input type="checkbox"/> G5-7 Girls Basketball	<input type="checkbox"/> G3-4 Girls Football	<input type="checkbox"/>

Student Name: <input style="width: 90%;" type="text"/>	Grade: <input style="width: 80%;" type="text"/>
Date of Birth: <input style="width: 90%;" type="text"/>	
Home Address: <input style="width: 90%;" type="text"/>	Home Phone: <input style="width: 80%;" type="text"/>
Student Email: <input style="width: 90%;" type="text"/>	Student Mobile: <input style="width: 80%;" type="text"/>
Parents Name: <input style="width: 90%;" type="text"/>	
Parents Email: <input style="width: 90%;" type="text"/>	Parents Mobile: <input style="width: 80%;" type="text"/>

Medical Information Is the student

A. Allergic to medication? Yes / No

B. If yes, what kind?

C. Other allergies:

D. Currently or regularly taking medication?

Parental / Guardian Permission

The above named student has my permission to participate in the EIS Sport programme.

I declare that my child is physically fit and able to participate fully in the sport(s). In the event of an injury or accident involving my child I understand that I will be informed as soon as possible. If I cannot be contacted, I authorize the coach or other EIS representative to act on my behalf.

I understand that my child will attend all scheduled practices, games and tournaments punctually. If my child cannot attend I, or my child, is responsible to inform the coach before the absence.

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

Return the completed form to the Physical Education Office