AMSA 2010-2011 Fall Cross-Country Registration

First Name:	Middle Name:	Last Name:
Birthdate:	Gender:	Grade:

Emergency Contact:	Emergency Phone:
Doctor's Name:	Doctor's Phone:

Medical Conditions:

Primary Guardians:	First Name:	Last Name:	D.O.B.:

Address:	Gender:

City:	State:	Zip:
Home Phone:	Cell Phone:	Business Phone:

EMAIL Address:

Primary Guardians:	First Name:	Last Name:	D.O.B.:

Address:	Gender:

City:	State:	Zip:
Home Phone:	Cell Phone:	Business Phone:

EMAIL Address:

Parental Consent: I, the parent or Guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the AMSA Charter School Athletic Program. Recognizing the possibility of physical injury associated with soccer and in consideration for AMSA accepting the registrant for it's soccer programs and activities, I hereby release, discharge, and or otherwise indemnify AMSA, its affiliated organizations and sponsors, their employees and associated personnel, including fields and facilities utilized for its programs, the owners of the facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature:	Date:

(Signature of Parent or Guardian Required)

In the event of a game or practice cancellation, or any other means of communication, may AMSA and its coaches use your email for notification? YES NO

Fee: $250.00	Make checks payable to AMSA Charter School	Return to Athletic Direc

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