



Grace Academy Fall Athletics Registration Form 2022-23

Student Athlete Name: _____ Gender: M F

Sport(s): _____ Grade: _____ Birthday: _____

Uniform/Jersey Size: __ Youth Small __ Youth Medium __ Youth Large __ Youth X-Large
__ Adult Small __ Adult Medium __ Adult Large __ Adult X-Large

Parent(s)/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Does athlete have any allergies, asthma, or any other medical condition of which the coach should be aware? Yes / No If yes, please explain _____

Please initial by each statement:

- _____ Current Athletic Physical Attached (must be dated summer 2022)
- _____ I have read & understand all aspects of the Grace Academy Athletic Handbook.
- _____ I agree to participate in any required Grace Academy athletic fundraiser to offset athletics expenses.
- _____ \$50 athletic fee per child for Cross Country; \$100 per child for Volleyball.
\$100 homeschool participant fee for Cross Country; \$200 for Volleyball.

I understand that Grace Academy does not offer medical insurance, and I am liable for the costs of any medical services requires as a result of any injury sustained by my child during participation in this program. I also certify by my signature, combined with the signed sports physical, that my child is physically fit to participate in this program. I have read and affirm the Grace Academy Statement of Faith. I have reviewed the online Athletic Handbook and agree to abide by the guidelines. My family will conduct ourselves in a manner consistent with Godly principles and respect Grace Academy's mission and purpose.

Signature of Parent(s) or Guardian Date

Signature of Athlete Date

This form must be returned to the school office before your child will be allowed to participate in his or her first athletic event of the school year.

To be completed by GA staff only. Fee Payment Received: \$ _____ Date _____ Payment Type: _____