Weathersfield School

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Weathersfield Sports Sign Up

I give permission for _____, in grade _____, to participate in the

Weathersfield_____ program for the _____ season.

Insurance Carrier _____
Please, list any information the coach will need to know about your child, noting that this will be kept confidential. (ex. Asthma, allergies, behavior issues, etc.) _____
_____

I have read the athletic policy and I will adhere to its guidelines as an athlete and/or parent of an athlete and I can expect the coaches to as well. Initial _____

I will encourage attendance, proper behavior, and good sportsmanship at each and every event. Initial _____

I understand that the adults associated with this program will not be held responsible for any accidents, medical, or dental expenses incurred as a part of participation. Initial _____

I understand that all concerns shall be brought first to the coach, second to the athletic director, and third to the principal in a timely manner. Initial _____

Parent or Guardian _____ Date_____ Phone # _____

Email: _____ Cell # _____

K – 4 Fees: $10.00 Registration/shirt/mouth guard
Students in K = Gray Shirts,
1st + 2nd = either Blue or Green Shirts,
3rd + 4th = Red Shirts
I already have a _____ color shirt.

$5.00 Registration/mouth guard
K – 4 Shirt size (**circle one size**) YS/YM/YL/AS/AM/AL
Payment: _____ Check # _____ Paid: Yes / No Date: _____
K – 4 participants only: **Checks payable to: Weathersfield Athletics**

Please, fill in this portion for the coaches as this is the only portion they receive.
I understand that injuries are a part of the game and I give permission for my child,_____, to be treated in the event of a medical emergency.

Parent or guardian _____ Date: _____ Home Phone # _____

Emergency contact name(other than parent) _____ Phone # _____