

**PORTLAND CHRISTIAN SCHOOL  
ELEMENTARY FALL SPORT SIGN-UPS**

Please check the sport in which your child would like to participate:

\_\_\_\_\_ Cross Country (4th-6th)      \_\_\_\_\_ Volleyball (5th-6th)

*Elementary Athletic Fee is \$50 and must be submitted with this form.*

**Athlete Name:** \_\_\_\_\_ **Gender:** M / F

**Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Uniform Size:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #(s):** \_\_\_\_\_ **Text:** Yes / No

**Parents email(s):** \_\_\_\_\_

**Have you played this sport before?** Yes / No **If yes, how many years:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Medical Issues/Allergies:** \_\_\_\_\_

**In case of emergency notify:**

**Name(s):** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name(s):** \_\_\_\_\_ **Phone #** \_\_\_\_\_

My child has my permission to participate in the PCS Elementary Fall Sports program in the sport of \_\_\_\_\_. In the event of injury or illness, I give my permission to seek appropriate medical treatment. If I cannot be reached, I give permission for medical personnel to administer medical care deemed necessary. Additionally, I give permission for my child to be transported to and from activities by PCS faculty, staff or volunteers. It should be noted that PCS faculty, staff or volunteers will not be held responsible for any injuries that occur during participation, transportation or other activities related to said program.

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please fill out and return to the school office by Wednesday, May 3, 2017***