

**PORTLAND CHRISTIAN SCHOOL
7 -12 GRADE BASKETBALL SIGN-UPS**

Please check the team in which your child would participate:

___ 7th/8th girls ___ 7th /8th boys ___ 9th /12th girls ___ 9th/12th boys
 ___ 9th/12th Cheerleaders

7TH thru 12th grade Athletic Fee is \$100 and must be submitted with this form

Athletes name: _____ Gender: M / F
Grade: ___ Age: ___ Date of Birth: _____ Uniform Size: _____
Address: _____
Phone No. _____ Text: Yes / No
Parents email: _____
Have you played this sport before? Yes / No If yes, how many years: _____
Insurance: _____ Policy Number: _____
Medical
Issues/Allergies: _____

In case of emergency notify:

Parent(s): _____ Phone No. _____
Alternate: _____ Phone No. _____

My child has my permission to participate in the PCS Elementary Basketball program. 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 or transportation related to said program.

Parent's signature: _____ Date: _____
Parent's signature: _____ Date: _____

Please fill out and return to the school, ATTN: Athletics Office.