

**Portland Christian School Athletics High School Basketball
Sign-Ups**

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

___ HS Boys ___ HS Girls

High School Athletic Fee for Basketball is \$125 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 Middle 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 office ASAP since there are LIMITED spots. Registration will close when team rosters are FULL.

Attn: Athletics Office