

MSF Sportsmanship Program Registration: Soccer Basketball Cheer
circle one

Student Name / Age / Teacher _____

Parent Names _____

Home number _____

Mobile Numbers _____

Parent email(s) _____

I can receive a text message at _____

The best emergency contact # for my child is _____

My child's t-shirt size (circle one): YS YM YL AS AM AL AXL

I have attached the \$ __40__ fee

MSF Liability Waiver for Participation in Sports/Cheer Program

Medical Insurance Coverage Statement

Each participant is responsible for his or her own medical insurance and costs of injury as a result of participation in or transportation associated with this activity. The Montessori School of Florence or its employees or volunteers are also not liable in the event of an accident or injury to the participant.

Participant and Parent/Legal Guardian Permission

_____ (student's name) has my permission to participate in athletics. We understand that there are inherent risks in all athletics and that injuries do occur. I also agree not to hold the Montessori School of Florence or any of its agents, members, employees or affiliate Organizations responsible in the event of an accident or injury. I understand that in signing this waiver, I am stating that my child has been medically cleared by a physician and is fully able to participate in the training, practice and playing of this sport. I further authorize any and all emergency medical treatment for the student named and will be responsible for any and all such cost.

Signature of Parent or Legal Guardian / Date