

SUSSEX CHRISTIAN SCHOOL

BASKETBALL PERMISSION & PARTICIPATION FEE FORM

I give permission for my son/daughter _____ to participate in the basketball program at Sussex Christian School, and have enclosed a participation fee in the amount of \$75.00.

Please provide the following information:

Parent's Name: _____

Phone: _____ Cell Phone _____

Alternate contact in case parents unable to be reached _____

Phone: _____ Cell Phone _____

My son/daughter has the following medical problems, chronic disease or allergies: _____

Medications currently taking: _____

Does child have a prescription inhaler for asthma? _____ Yes _____ No

If yes, name of asthma medication: _____

Epipen (Adrenaline) for diagnosed bee sting allergy? _____ Yes _____ No

Insurance Company Name: _____

Group #: _____ Policy number: _____

Hospital to be treated in case of emergency: _____

I have read and completed this document in its entirety. I give permission for my child to participate in the basketball program at Sussex Christian School and give permission for my child to be treated should he/she sustain an injury, asthmatic episode, or bee sting in the event that I am unable to be reached. I understand that I must provide paperwork from my physician, as well as inhalers and/or Epipen if needed, and authorize the coach to administer medication in my absence. I understand that Sussex Christian School will not be held liable for injuries sustained in practice, during matches, or while being transported to and from sports events and/or practices.

In addition, I understand that there is a participation fee of \$75.00, which I have enclosed by a check, made payable to "Sussex Christian School".

Parent's Signature: _____

Date: _____

SUSSEX CHRISTIAN SCHOOL

BASKETBALL TEAM PARTICIPATION STUDENT ATHLETE AGREEMENT FORM *2011-2012 SEASON*

I hereby agree that it is of vital importance that the student athlete named below follows the coach's still instructions, training rules, and team policies. This includes exhibiting a Christ-like attitude on and off the court, as well as good sportsmanship. Respect for teammates, opponents, coaches and officials are also required of a Sussex Christian School athlete.

I understand that an SCS basketball uniform will only be issued after receipt of a \$50.00 "Uniform Security Deposit". I acknowledge that upon return of the uniform in reasonable condition (ordinary wear expected), the uniform security deposit will be returned to me. All or a portion of the \$50.00 uniform security deposit that will be held by Sussex Christian School may be retained by Sussex Christian School if I fail to properly care for and return the uniform.

- **Uniforms will be** distributed in the gym at practice, with the date to be announced by the Athletic Coordinator.
- The security deposit will be accepted in the form of a check made payable to "Sussex Christian School", which will be held and not cashed until the end of the season when the uniform is returned.
- The uniforms are numbered, with each number recorded at time of issuance to each player.
- The **date** for the return of uniforms will be announced at the end of the season.

-----**Please return bottom portion with your deposit in an envelope marked "Basketball"**-----

I have read the above participation form, and will abide by the statements.
Enclosed is my \$50.00 uniform deposit.

Athlete's Name _____

Athlete's Signature _____ Date _____

Parent's Signature _____ Date _____

*****For school use only*****

Check number _____ Shirt _____ Shorts _____ Date received _____