



SUSSEX CHRISTIAN SCHOOL

Challenging the Mind, Strengthening the Spirit

2023 TRACK AND FIELD REGISTRATION FORM

Please complete the following information. **Registration Deadline: March 15, 2023**

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

Phone: _____ Cell Phone: _____

Alternate contact in case parents unable to be reached: _____

Phone: _____ Cell Phone: _____

List any medical problems, chronic disease, and/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

List any special needs the coaches should be aware of: _____

Insurance Company Name: _____

Group #: _____ Policy number: _____

Hospital to be treated in case of emergency: _____

T shirt size: Adult: _____ Child: _____ Name Printed on Back (optional): _____

Please include a \$30 payment for T shirt payable to Sussex Christian School.

"I have read and completed this document in its entirety. I give permission for my child to participate in the Track and Field 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 meets, or while being transported to and from sports events and/or practices."

Parent's Name: _____

Parent's Signature: _____ Date: _____