

## Hattiesburg Forerunners Sports Participant Waiver and Registration 2018-2019

<b>Sport Applying to participate in (indicate one):</b>	Basketball	Soccer	Cross Country	Track
---	------------	--------	---------------	-------

<b>PARTICIPANT NAME</b>				
<b>STREET ADDRESS</b>				
<b>CITY</b>		<b>State</b>		<b>Zip code</b>
<b>PHONE</b>	<b>(H)</b>		<b>(C)</b>	

<b>BIRTH DATE</b>		<b>AGE on August 1, 2018</b>		<b>Grade Year for 2018-2019</b>	
<b>PREFERRED E-MAIL</b>					
<b>E-MAIL FOR PLAYER</b>					
<b>PARENT/GUARDIAN NAME(S)</b>					

<b>CURRENT SPORT PARTICIPATION PHYSICAL EXAMINATION SUBMITTED (MAY 1, 2018 or later)</b>	<b>YES</b>	<b>NO</b>
--	------------	-----------

**Homeschool Guarantee Form:**

I, the undersigned parent or guardian, do hereby certify that my child is at least 51% home-schooled as set forth by the laws and definition of homeschooling in the state of MS.

**Medical Release Form for Participation in Hattiesburg Forerunner Sports (HFS):**

I, the undersigned parent or guardian, do hereby authorize the Hattiesburg Forerunner Sports program to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he/she may deem necessary. It is understood that, in any event, an attempt will be made to contact the parent before such treatment is started. I, the undersigned parent or guardian, certify that my child is physically fit to attend and participate in all activities of said sports. I release the Hattiesburg Forerunner Sports, and all their affiliated entities, including coaches, volunteers, managers, parents, and board members, etc from any and all liability, claims, demands, and causes of action for personal injury or loss suffered by my child in connection with participation in this sports activity. List any known health issues or medicines that HFS should know about:

<b>ISSUE/MEDICATION</b>	
<b>ISSUE/MEDICATION</b>	
<b>ISSUE/MEDICATION</b>	

<b>PARENT/GUARDIAN SIGNATURE</b>	
----------------------------------	--

<b>DATE</b>	
-------------	--

This release and waiver form is good for one year from date, or as long as player is participating in activities with HFS.

2019

Forerunner Office Use Only

Sport Participation Fees and payment:

<b>PARTICIPANT NAME:</b>		
--------------------------	--	--

	<b>LIABILITY INSURANCE (TRACK)</b>	<b>\$15.00</b>	
--	------------------------------------	----------------	--

Basketball 1st Participant (\$210)		Basketball 2 <sup>nd</sup> Participant (\$160)		Basketball 3 <sup>rd</sup> Participant (\$160)		Basketball 4 <sup>th</sup> Participant (\$160)	
<b>Basketball Uniform Fee</b>				\$218.00			

Cross Country 1 <sup>st</sup> Participant (\$100)		Cross Country 2 <sup>nd</sup> Participant (\$90)		Cross Country 3 <sup>rd</sup> Participant (\$80)		Cross Country 4 <sup>th</sup> Participant (\$70)	
<b>Cross Country Uniform Fee (Same as Track Uniform)</b>				\$75.00			
Shorts	\$35.00	Shirt	\$40.00				

Track 1 <sup>st</sup> Participant (\$100)		Track 2 <sup>nd</sup> Participant (\$90)		Track 3 <sup>rd</sup> Participant (\$80)		Track 4 <sup>th</sup> Participant (\$70)	
<b>Track Uniform Fee (Same as Cross Country Uniform)</b>				\$75.00			

Soccer 1 <sup>st</sup> Participant (\$75)		Soccer 2 <sup>nd</sup> Participant (\$X)		Soccer 3 <sup>rd</sup> Participant (\$X)		Soccer 4 <sup>th</sup> Participant (\$X)	
<b>Soccer Uniform Fee</b>				\$100.00			

<b>TOTAL RECEIVED:</b>	CASH			CHECK (#)		DATE	
------------------------	------	--	--	-----------	--	------	--

NOTES:	
--------	--