



# 2018-2019 DWS Sports Registration Form

## PARTICIPANT INFORMATION

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

HS Student Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian #1 Email Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian #2 Email Address: \_\_\_\_\_

### Emergency Contact #1:

### Emergency Contact #2:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## FEES & FORMS

Fees will NOT be refunded after the first two weeks of practice.

Uniforms must be returned at end of the season or \$75 will be billed for each missing uniform.

**Fees**, a current **Sports Physical** (HS ONLY) and a completed **Registration Form** are **due by first official practice**. Student-athletes are not allowed to participate in practices or games until said forms are on file and fees are paid in full.

Please specify which DWS sports your student is registering for (can register and pay for more than one):

Middle School - \$110 per sport     High School - \$175 per sport

MS Cross Country     Volleyball     Basketball     Ultimate Frisbee

Fee Amount Enclosed: \_\_\_\_\_

Questions about payments? Contact Carolyn Goodman: 303-777-0531 x105 or [finance@denverwaldorf.org](mailto:finance@denverwaldorf.org)

## PERMISSION & WAIVER OF LIABILITY & AUTHORIZATION FOR EMERGENCY CARE

I hereby give my consent for the above named student(s) to participate in the above specified sports program at The Denver Waldorf School. I also agree to reimburse The Denver Waldorf School for equipment issued to my child should it become lost. I understand The Denver Waldorf School cannot accept responsibility for personal items lost or stolen.

I authorize the Athletic Director, Coach, or Sponsor in attendance at any DWS sports activity to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I am not in attendance at such event. I hereby release said school official from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Office use only: Amount Paid \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Received by \_\_\_\_\_ Date: \_\_\_\_\_