

Greater Boston Academy Middle School Soccer

Sports Participation 2017-18

Greater Boston Academy is gearing up for another season of youth soccer for all students in grades 5 through 12. No matter what your skill level, everyone is able to participate. If you are interested in joining one of our teams, please fill out the form below for each student participating. We are looking forward to a fun and exciting season!

I, _____ request that my child be allowed to participate on the GBA Soccer Team. I understand that the school, teachers, or coaches cannot be held responsible for my child, and it is agreed that the school or school chaperones assume no liability for injuries or damage to property while participating in any and all activities connected to the team. I give my permission to allow the coach to obtain emergency medical treatment for my child in my absence.

My signature below indicates my understanding of the rules and regulations regarding the team.

Enclosed is my sports fee of \$50 for each of the players from my family.

Please return this form with a check made payable to Greater Boston Academy.

Deadline for registration is September 14, 2017.

Parent's Signature

Date

Email address

Child's Name and Grade

Please, make sure Consent to Treat Forms are at GBA office on file.

Greater Boston Academy Student Responsibilities

I, _____ understand that by becoming a member of the 'Panthers' GBA Team, I am understanding the following responsibilities:

1. To be present at all practices, games and meetings unless excused by the coach.
2. To be sure my peers, coaches, teachers, parents, and my community would recognize my behavior as mature and Christian.
3. To meet all the academic eligibility requirements as set forth in the GBA School Handbook 2017-2018.
4. To handle my uniform with care in awareness that it is school property.
5. To be respectful of all players, referee's and coaches while attending practices or games and representing GBA 'Panthers'.

Student Signature

Date

ACKNOWLEDGEMENT and ASSUMPTION of POTENTIAL RISK

I authorize my son / daughter, _____, to participate in the District-sponsored activities of _____.

The undersigned understands and acknowledges the following:

- That these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.
- That some of the injuries/illnesses which may result from participating in these activities include, but are not limited to the following:
 - Sprains/Strains
 - Fractured Bones
 - Unconsciousness
 - Communicable Diseases
 - Paralysis
 - Loss of Eyesight
 - Head and/or Back Injuries
 - Death
- That participation in these activities is completely voluntary and as such is not required by Greater Boston Academy.
- That in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.
- That the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Parent/Guardian Signature

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with Greater Boston Academy before a student will be allowed to participate in the above extra-curricular/co-curricular activities.