



**Byrne Christian
School
Elementary Sports**

APPLICATION FORM

2014-2015

School Attending _____
Grade Level _____

Father's Work #: _____

Father's Cell #: _____

Father's Email: _____
(Please print clearly)

Mother's Work #: _____

Mother's Cell #: _____

Mother's Email: _____
(Please print clearly)

Check sport you are registering child for:

- Indoor Soccer Cheerleading
- Basketball Baseball
- Softball

Name of Child: _____

Birth Date: Month _____ Day _____ Year _____ Age: _____ Sex: M F (circle one)

Residence of Child: Street Address _____

City _____ State _____ Zip Code: _____ County _____

Home Telephone: _____

Pupil lives with: Both Parents Father Mother Guardian Grandparents

Father's Name: _____ Marital Status: _____

Address (if different from above) _____

Mother's Name: _____ Marital Status: _____

Address (if different from above) _____

If there is a step parent involved in your child's life, please complete.

Name: _____ Marital Status: _____

Address (if different from above) _____

Employment: _____ Telephone: _____

Whom may we contact, other than parents, in the event of an emergency?

Name: _____ (Relationship) _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

In the event of an extreme emergency and you can not be reached, may we contact the medical emergency personnel? Yes No Hospital Preferred: _____

Who has permission to pick up your child other than parents/guardian? (please print legibly)

You will receive an email for practice and game time.

Please complete the back of this application form and attached forms.

- I UNDERSTAND THAT REGISTRATION FEES, ARE NON-REFUNDABLE.
- I UNDERSTAND THAT ALL FEES MUST BE PAID AND ALL FORMS MUST BE COMPLETED AND TURNED IN TO THE BYNE CHRISTIAN SCHOOL ELEMENTARY SPORTS REPRESENTATIVE PRIOR TO MY CHILD PARTICIPATING IN PRACTICE OR GAMES.
- Forms to be completed: (All forms can be downloaded from www.bcssaints.org)
 - * Byne Christian School Elementary Sports Application Form
 - * Byne Christian School/ Byne Memorial Baptist Church Liability Waiver Form
 - * Byne Christian School Concussion Form (required by the state of Georgia for all athletes)
 - * Non-Byne Christian School parents must provide health insurance verification
- Student Photo Release:
I give the school permission to take my child's photo during sports events. The photographs will be used on the website, printed advertising and other means of media to promote the organization. Please notify the school in writing if you do not give permission.

I (we) have read and agree to these conditions and all policies of Byne Christian School. I (we) understand that if the school deems that we are no longer supporting the elementary sports program expectations, my child(ren) will lose the privilege of participating in the Byne Christian School Elementary Sports Program.

Parent's Signature— for application & person responsible for the payments and fees

Date

Byne Christian School admits students regardless of race, color, or ethnic origin.
