



# DESTINY CHRISTIAN SCHOOL

## SPORTS PROGRAM REGISTRATION FORM

This form is to be completed each school year.

Sports(s) Registering for: \_\_\_\_\_ School 20\_\_\_\_-20\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_

Parent/Legal Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (other than parent/guardian):  
 \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Special concerns (allergies, medications,  
 medical conditions, etc.) we should be aware of:  
 \_\_\_\_\_

I, the undersigned parent/guardian do hereby grant permission for my son/daughter, named above, to participate in the Destiny Christian School sport listed above. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness, I hereby authorize the Destiny Christian School staff to obtain or provide medical treatment for my child for such injury or illness during games/practices and I hereby hold Destiny Christian School and Faith Temple Church as well as its staff and representatives harmless in the exercise of this authority. I further understand that there is always a possibility that my child may sustain physical illness or injury while participating in the sports program. If this occurs, I hereby authorize the Destiny Christian School staff and church employees to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain while participating in the sports program. Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release Destiny Christian School and Faith Temple Church and its representatives from any claims for personal illness or injury that my child may sustain while participating in the sports program. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the Destiny Christian School sports program. Signature of parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_

\*By signing this registration form, you also agree that any photographs taken of your child while participating in the sports program are the property of Destiny Christian School and may be used in future publications as deemed appropriate.