

Participant Information

Name: _____ Class: _____
(Last) (First) (M.I.)

Address: _____ City/Zip: _____

Age: _____ Date of Birth: _____ Gender: M F

Please indicate jersey size:

Youth: XS S M L XL Girls: S M L XL Adult: Male ___ Female ___ S M L XL XXL

Parent/Guardian Consent

I give permission for _____ (name of child)
to participate in the Delphi Academy Athletics interscholastic sports program.

I assume responsibility for any acts of our child during his participation in Delphi's Team Sports Program and will indemnify and hold harmless Delphi Schools, Inc., Delphi Academy, its employees and volunteers from any claims of any person arising from our child's acts.

I give our permission for our child to participate in the following activities that may have some inherent risk. We understand that neither Delphi Schools, Inc., Delphi Academy nor any of its employees, students or volunteers shall be liable to us or our child for any claim arising out of these activities, such claims being hereby waived, and that we will indemnify and hold harmless the Delphi Academy and its employees, students and volunteers from all liability for claims as well as from claims of all other persons resulting from any act of our child including but not limited to activities such as: on campus games, off campus games, practices, team events, and league events.

I understand participation may include, when necessary, early dismissal from class and travel to participate in inter-scholastic athletic contests. I will not hold the school or anyone acting on its behalf responsible in the case of an accident or injury as a result of this participation. It is further understood by both the student named and I/We as the parent(s)/guardian(s) that students who choose to participate in any sport, are aware of the potential injuries that may occur. Parents/Guardians are also aware that they must provide their own medical insurance coverage while participating in sports and other physical activities. I certify that the above named student is physically fit to participate in Delphi Academy sports and other physical activities; that we are not aware of any health problems and/or symptoms that might suggest an inability to participate therein, and we consent to participation for the school year.

I also understand that students are responsible for their belongings and that while the school makes every effort to care for the property of its students, it does not consider itself liable for any loss that may occur.

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Payment Form

(If you have more than one child who will be participating, please list them all on one payment form)

Fees	# of participants	Amount Each	Total
Pee Wee			\$
Elementary/Middle School			\$
Varsity			\$
Volunteer Information:		Total Due:	\$

Each child's participation is dependent on obtaining sufficient parent volunteers. Please check area you are willing to help.

Team Mom/Dad Coach/Assistant Coach

Name _____

Phone _____

Email _____

- Cash
- Check # _____
- Smart Tuition

Received by: _____

Date: _____