

**Wesley Academy  
Athletic Registration**

**PLAYERS NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CITY/ZIP** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_

**EMPLOYER: MOTHER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**FATHER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**FAMILY MEDICAL INSURANCE CARRIER** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

**PREFERRED HOSPITAL** \_\_\_\_\_

**DOCTOR'S NAME** \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT** \_\_\_\_\_

I/We certify that the above named applicant has my/our permission to participate in the Wesley Academy Sports Program. I/We assume the risks and hazards associated with such participation, including transportation to and from activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless Wesley Academy, its directors and officers, coaches, participants, and persons involved in any way, from and against any liability for, or claim arising out of the course of his/her transportation to or from such activities including but not limited to the sole or concurrent negligence of the Wesley Academy Sports Program its directors and officers, coaches, participants and persons transporting my/our child to and from any activities.

I/We authorize the coaches of my child's team to act for me according to their best judgment in any emergency requiring medical attention.

**Signature** \_\_\_\_\_

**The fee for participation in the Wesley Sports Program is \$100. for the first sport and \$75. for each sport there after. These fees go toward the payment of officials, uniforms, entrance, and league fees.**