



Your First Choice for Athletics!
Augusta, GA Area Home Educators

Registration Rec'd ____ / ____ / ____
(\$25 non-refundable registration fee for all sports)

REGISTRATION AND RELEASE FORM WITH MEDICAL HISTORY
2017-2018 Academic Year

Check appropriate box(es):

BASKETBALL <input type="checkbox"/> Boys & Girls (1st-6th) <input type="checkbox"/> Middle School Girls (6th-8th) <input type="checkbox"/> Middle School Boys (6th-8th) <input type="checkbox"/> Varsity Girls (9th-12th) <input type="checkbox"/> Varsity Boys (9th-12th) VOLLEYBALL <input type="checkbox"/> Middle School Girls (6th-8th) <input type="checkbox"/> Varsity Girls (9th-12th) <input type="checkbox"/> GOLF	FOOTBALL <input type="checkbox"/> Varsity Boys (9th-12th) SOCCER <input type="checkbox"/> Middle School Boys (6th-8th) <input type="checkbox"/> Middle School Girls (6th-8th) <input type="checkbox"/> Varsity Girls (9th-12th) CHEERLEADING <input type="checkbox"/> Middle School Girls (6th-8th) <input type="checkbox"/> Varsity Girls (9th-12th) <input type="checkbox"/> TENNIS	BASEBALL <input type="checkbox"/> Boys & Girls (1st-6th) <input type="checkbox"/> Middle School Boys (6th-8th) <input type="checkbox"/> Varsity Boys (9th-12th) CROSS COUNTRY <input type="checkbox"/> Boys & Girls (1st-6th) <input type="checkbox"/> Middle School Girls (6th-8th) <input type="checkbox"/> Middle School Boys (6th-8th) <input type="checkbox"/> Varsity Girls (9th-12th) <input type="checkbox"/> Varsity Boys (9th-12th)
--	--	--

Name: _____

Date of Birth: ____ / ____ / ____ Age: _____ Grade: _____

Address: _____

Father's Name: _____

Email Address(es): _____

Phone Number(s): _____

Mother's Name: _____

Email Address(es): _____

Phone Number(s): _____

Are you:

Traditional Home schooling

Participating in K12/Georgia Cyber Academy/Provost Academy or similar

Attending a Private/Charter/Magnet School: _____

Physician's Name: _____ Phone No.: _____

Health Ins. Co: _____ Phone No.: _____

Policy Number: _____ Group No.: _____

Hospital Preference: _____

Emergency Contact (Other than above): _____

Relationship: _____ Phone No.: _____

Medical History (indicate all that apply):

- Asthma Diabetes Epilepsy Fainting Spells Heart Problems Hemophilia
 High Blood Pressure Hypoglycemia Migraine Headaches
 Other (please explain): _____

Allergies (please be specific, i.e. food, insects, medicine, etc): _____

Date of last tetanus shot: ___ / ___ / ___

Prescriptions/Medications, reason(s) for taking: _____

Any other physical, mental or emotional limitation(s)? Please specify: _____

I hereby give my consent for _____
to participate in the Eagle Sports directed by Eagle Sports Board of Directors.

I understand that insurance coverage for accidental injury or sickness will not be provided by the following: Eagle Sports' Board of Directors, coaches or assistants; Georgia Independent Schools Association; City of North Augusta; Richmond, Columbia or Aiken Counties Recreation Departments; Wesley United Methodist Church; Curtis Baptist Christian School; Augusta Preparatory School; Grovetown High School; Westside Baptist Church; Dayspring Baptist Church; St. Mark United Methodist Church; Westminster Presbyterian Church or Best 9 Sports Academy. I agree that I will be responsible for any medical expenses that might be incurred because of accident or illness.

I do do not have insurance to cover accident or illness.

I do do not give my consent to give the above named student athlete non-aspirin or other commonly used over-the-counter medication.

I will will not have a physical completed at my desired medical location.

I hereby release all the above named and participants for accidental injury and sickness which may occur to the above named student athlete while participating in Eagles Sports. In case of my absence, I also give my consent to the Directors and/or Coaches to authorize emergency medical treatment which has been deemed advisable by the treating physician in the exercise of his/her best judgment for the above name student athlete.

SIGNED this _____ day of _____, 201_____

Signature of Parent or Guardian

Relationship: _____

Mail checks to: 3737 Roscommon North, Martinez, GA 30907