

Strength and Conditioning Registration Form 2014-2015

Please check: Fall _____ (8wks) Winter _____ (12wks) Spring _____ (8wks)

PARTICIPANT INFORMATION (please print) **Registration Date:** _____

School currently attending: HHS _____ HMS _____ New Century Charter _____ Other _____

Last Name: _____ First Name _____ M _____ F _____

Address _____ City _____ Zip _____

Grade _____ Date of Birth _____ Age _____ Home Phone _____

EMERGENCY INFORMATION:

Person to call in case of an emergency and parents cannot be reached:

Name _____ Phone # _____

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary. Physicians Name _____

PARENTAL INSURANCE WAIVER:

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter while practicing or participating in Interscholastic Sports.

INSURANCE COVERAGE: Hutchinson High School does not carry any type of insurance coverage for injuries received while participating in athletics at any level of competition; we do not assume any financial responsibilities for these injuries. The school district offers a plan that will cover athletic injuries. Please check the one that applies.

_____ I have insurance coverage. Company Name _____

_____ I will be using Student Assurance Services, Inc. *(Forms available in the HS Office)*

(Parent or Guardian) Signature _____

Student Signature _____

**FEE: High School \$40.00 Middle School \$25.00 each session.
Attached payment below:**

Check Amount _____ Check Number _____ Cash _____ Family Cap _____