

# Cross Walk Sports

A Christ-Centered Sports Experience  
where Faith and Sports intersect...

## Registration Form

### 1. Enrollment Information

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

#### Please check off the sports you are interested in participating in:

- |  |  |
|--|--|
| <input type="checkbox"/> September – Kickball            | <input type="checkbox"/> February - Field Hockey               |
| <input type="checkbox"/> October - Beach Ball Volleyball | <input type="checkbox"/> March - Track and Field               |
| <input type="checkbox"/> November - Soccer               | <input type="checkbox"/> April - Baseball / Softball / T-Ball  |
| <input type="checkbox"/> December - Soccer               | <input type="checkbox"/> May - Ultimate Frisbee / Frisbee Golf |
| <input type="checkbox"/> January - Flag Football         |  |

Parent Name(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

**Person other than a Parent/Guardian listed above who may pick up student** (or will be called in case parent cannot be reached). **Please notify those listed below to bring appropriate photo identification during pick up.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Custody issues:** It is the Custodial Parent's responsibility to notify CrossWalk Sports Club of any special custody arrangements and any changes to the information contained on this form.

**Please check if custody information is on file at school.** \_\_\_\_\_

I hereby consent for my child to participate in the CrossWalk Sports Club and agree to release and discharge the Imagine School at Town Center, it's officers, agents, and employees, exercising reasonable care within their scope of employment, from all liability claims, damages, suits, judgments, and settlements involving personal injury and property damage resulting from or arising in connection with CrossWalk Sports Club.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **2. Student Medical Authorization**

Preferred Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Conditions:** Does the student have any medical conditions? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**Prescribed Medications:** Is the student currently taking any prescribed medications? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** Does the student have any allergies to food, insects, medications or other? If yes please explain.

\_\_\_\_\_  
\_\_\_\_\_

If your child has an allergy, please explain the child's reaction and what action is necessary to prevent or reverse the reaction. \_\_\_\_\_  
\_\_\_\_\_

In the event of a serious accident or illness where I cannot be reached, I hereby authorize CrossWalk Sports Club leaders to contact the physician or dentist who is listed, to provide protected health information. In the event of an emergency, I understand that a CrossWalk Sports Club leader will access 911 emergency medical systems immediately. To expedite care I give permission for CrossWalk Sports Club leaders to provide medical information to the responding emergency team to initiate treatment and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If I cannot be reached, I request that the admitting facility notify one of the other persons listed above about my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### 3. Parent/Guardian Consent for Emergency Care During Club Time

Student's Name: \_\_\_\_\_

In case of accident or serious illness, I ask that a CrossWalk Sports Club leader contact me. If the leader cannot reach me, they are to contact and follow the instructions of the physician or dentist on my son or daughter's emergency information form. If the CrossWalk Sports Club leader cannot contact this physician or dentist, they may do whatever is needed to provide care and treatment for my son/daughter. If the persons on the emergency information form cannot be reached, CrossWalk Sports Club leaders have permission to transport my son/daughter to the nearest emergency room.

As a parent/guardian, I acknowledge responsibility to notify CrossWalk Sports Club in writing, of any change in the name of my child's physician or dentist and any change in medical condition.

In case of accident or illness where immediate treatment of my son/daughter is not needed, but where he/she cannot remain at school, I ask that a CrossWalk Sports leader contact either me to arrange transportation for my son or daughter. If a CrossWalk Sports Club leader is unable to contact me, please contact one of the persons listed on the emergency information form to care for my son or daughter until I can be reached.

**Parent/Guardian's Signature** \_\_\_\_\_ Date \_\_\_\_\_

### 4. Consent to Release to Photograph/Video Student

**No individual names or personal information will be given with pictures.**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

- ( \_\_\_\_\_ do consent),( \_\_\_\_\_ do **not** consent)  
to the photographing/video recording of my child while he/she is involved in CrossWalk Sports Club.
- I also ( \_\_\_\_\_ do consent),( \_\_\_\_\_ do **not** consent)  
to the release of my child's photograph(s)/video recording(s) to be used for promotional purposes inside and/or outside of the Flagler County School District.
- I also ( \_\_\_\_\_ do consent),( \_\_\_\_\_ do **not** consent)  
to the above mentioned photograph(s) /video recording(s) for promotional purposes on the internet.

I do hereby release and waive any and all claims, demands, or objections against the said school and school district in connection with or arising out of the said photograph(s)/video recording(s) of my child. I understand that the school district will not duplicate photograph(s)/video recording(s) for the use of benefit of any individual student or parent. **It is also understood that failure to fill in this portion of the permission slip will constitute parent/guardian consent for the purposes described above.**

**\*We will gladly remove any pictures/videos upon your request.**

**Parent/Guardian's Signature** \_\_\_\_\_ Date \_\_\_\_\_

5. **Payment Information**

- Payment is due at the first meeting each month (along with the registration form for your first month).

**Please make checks payable to: Keith Schuman**  
[keith.schuman@imageschools.org](mailto:keith.schuman@imageschools.org)      386-586-0100

**RETURNED CHECK FEE: \$25**

If a second offense occurs, checks will no longer be accepted and fees must be paid by money order. NO EXCEPTIONS.

**For the security of our students and staff, we will accept only checks or money orders. NO CASH PAYMENTS PLEASE!**

**NONPAYMENT:**

Any child attending two days without payment of fees will NOT be admitted into the program until the delinquent account is paid in full.

I, the parent/guardian of \_\_\_\_\_, understand the terms and conditions of the CrossWalk Sports Club at Imagine Schools at Town Center and agree to pay all fees associated with the program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_