ESSENTIAL FELLOWSHIP — ATHLETIC PROGRAM ENROLLMENT FORM

Student Information

Student Name: _____ Date of Birth: ____ / ____ / _____

Age: _____ Grade: _____ Gender: ☐ Male ☐ Female

Parent/Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Athletic Program

Sport(s) Registering For:

☐ Cross Country
☐ Basketball
☐ Volleyball
☐ Soccer
☐ Track & Field
☐ Other: _____

Season:

☐ Fall
☐ Winter
☐ Spring
☐ Summer

Emergency Contact

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

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Medical Information

Does the student have any medical conditions, allergies, or physical limitations?

Current Medications (if applicable):

Uniform Information

Shirt Size:

☐ Youth S
☐ Youth M
☐ Youth L

Shirt Size:

☐ Adult S
☐ Adult M
☐ Adult L
☐ Adult XL
☐ Other: _____

Parent/Guardian Consent

I certify that the information provided is accurate to the best of my knowledge. I understand that participation in athletic activities involves physical activity and acknowledge the inherent risks associated with sports. I give permission for my child to participate in the Home Education Athletic Program and authorize emergency medical treatment if I cannot be reached.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / _____

Office Use Only

Date Received: _____ Registration Fee Paid: ☐ Yes ☐ No Amount: _____

Notes: