



Tamarack SPRING SOCCER Registration Form

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Student Name: _____ Grade: _____ Sport: _____

Participation Fee: \$60 per student (per sport). Fees are due with this registration form. Player who have no paid fee by the first game will not be allowed to play.

Student information:

Student Name: _____

Grade: _____ Male/Female/Other: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Size (shirt/jersey): _____ Size (pants/shorts): _____

Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Any previous injuries: _____

List of physical disabilities: _____

List of allergies: _____

List any medication the athlete may be taking or will use: _____

Primary or preferred physician: _____ Phone: _____

Note: Injuries are a natural part of participating in sports. Tamarack is not responsible nor liable for injuries incurred by players during practices/games. Players should be covered by their own insurance.

Name of health insurance: _____ Policy #: _____

In an emergency, please list two people you recommend we call if you cannot be reached.

Name: _____ Phone: _____

Name: _____ Phone: _____



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Tamarack Waldorf School Athletic Participation Form part. 1

Student Name: _____ Grade: _____ Sport: _____

Uniforms/Equipment: As a parent/legal guardian of the above named student, I agree to be financially responsible for the safe return of all equipment and uniforms issued to him/her. I agree to reimburse the school for the replacement value of the lost/stolen/damaged uniforms and/or equipment. I understand that any failure to reimburse may affect the student's athletic eligibility.

Initial: _____

Informed Consent: I understand that injuries could occur as a result of athletic participation, and that these injuries could include minor injuries. I understand that it is also possible that a catastrophic injury could result in paralysis or death due to athletic participation.

Initial: _____

Injury Waiver: I certify that the above-named student is adequately covered by insurance to cover medical expenses in the event of an athletic related accident or injury.

Initial: _____

Photo release: I understand, as a parent/legal guardian of the above-named child, that there are times when the local media requests the opportunity to videotape, take photographs and/or interview children within Tamarack Waldorf School and/or Milwaukee Recreation. I also give permission to Tamarack Waldorf School and Milwaukee Recreation/MPS to make or use pictures, or videos of me, and or my minor child without compensation for Recreation Division or MPS or Tamarack published, broadcast or electronic materials. I understand that by signing this, I am, on behalf of myself and my child, releasing Tamarack Waldorf School, as well as MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Tamarack Waldorf School/Milwaukee Recreation program season.

Initial: _____

1. Athletes must comply with all current rules established by the following groups:
 - a) Milwaukee Recreation/Milwaukee Public Schools
 - b) Tamarack Waldorf School
2. Athletes are expected to obey in-season training rules as established by their coaches. Coaches will notify athletes of training rules and disciplinary measures to be used for rule infractions prior to the season opening.
3. Verbal abuse, specifically the use of profane language, will not be tolerated on the part of athletes. During team sport contests, minimum penalty is removal and benching for the remainder of that period (quarter, inning, etc).
4. Athletes must refrain **AT ALL TIMES (in and out of season)** from using, possessing, buying and/or selling tobacco products, intoxicating beverages or illegal drugs. A violation of this rule will result in disciplinary action according to the rules outlined in the Tamarack Waldorf School handbook.
5. Athletes suspended from school may not practice, compete, or participate in athletics while a suspension is in effect.



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Student Name: _____ Grade: _____ Sport: _____

Tamarack Waldorf School Athletic Participation Form part. 2

My son/daughter and I have read and understand the rules and regulations printed on this sheet and agree to abide by them. We further acknowledge that failure to abide by any MPS and Tamarack Waldorf School eligibility regulations could result in loss or limitation of the privilege of participation in MPS Recreation and Tamarack Waldorf School athletics.

Signature of parent/legal guardian of participant

PERMISSION: I hereby give my permission for the above named student to practice, compete, and represent Tamarack Waldorf School in regulated interscholastic sports through Milwaukee Recreation. I hereby grant permission for my child/myself to participate in the above-named Tamarack Waldorf School sport/MPS Recreation event. In the event of an injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless Tamarack Waldorf School, the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the cost of medical services.

By signing this form, we are attesting to the fact that we agree to abide by the rules and regulations set forth in the Tamarack Waldorf School Athletic Code and the Milwaukee Recreation/MPS Rules and Regulations, and that full permission is granted to the above-named student in Tamarack Waldorf School athletics.

Signature of parent/legal guardian of participant

Student-Athlete Signature

Date

RETURN TO YOUR SPORTS COORDINATOR FOR VERIFICATION OF FORM.

Sports Coordinator

Date

This form is due in the office at Tamarack with payment by April 5.



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Student Name: _____ Grade: _____ Sport: _____

Transportation Agreement

I, the parent/legal guardian of the student named on this form, understand that Tamarack Waldorf School does not provide or otherwise responsible for transportation to sports practices, sports competitions, and other sport related events. Transportation must be arranged by parents/legal guardians.

Permission to Leave Tamarack Waldorf School Independently After School

Sign here only if your child may leave practice or athletic completions independently.

I, the parent/guardian of the child named on this form, give this child permission to leave Tamarack Waldorf School sport practices, sports competitions, and other sports related events after school to go home on his/her own by the following methods (check all that applies)

Walking Bike City Bus Other: _____

I, the parent/legal guardian of the child named on this form, **do not** give permission to my child to leave Tamarack Waldorf School sport practices, sports competitions, and other sports related events to go his/her own by the following methods.

Signature of parent/legal guardian of participant

Payment Information:

Student Name: _____ Grade: _____ Sport: _____

Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Check enclosed, payable to: Tamarack Waldorf School

PayPal (via our website: www.tamarackwaldorf.org)

Credit Card:
cc# _____ exp. date _____ security code _____

This form is due in the office at Tamarack with the registration and liability form by April 5.