



Emmanuel Christian Academy Athletics
2177 Emmanuel Way Springfield, OH 45502
(937) 390-3777 Fax (937)390-0966

Sport Registration (\$110): _____ (Sport)

Part One: Student and Parent's Info (please complete all the information below)

Athlete's Name _____ Birth date _____

Athlete's Cell Phone: _____ Age: _____ Grade: _____ Sex: M or F

Parent's
Name _____ Phone1 _____ Father/mother

Phone 2 _____ Father/Mother Email1: _____

Part Two: Parental/Guardian Consent

1. I, the parent of the above named child, hereby give my consent for participation in any or all of the activities of Emmanuel Christian Academy Athletics. I understand that my child may be injured while participating and I assume all risks and hazards incidental to the conduct of activities and transportation to and from activities. I do further resolve, absolve, indemnify and hold harmless Emmanuel Christian Academy, its Board, its organizers, sponsors, coaches and officials appointed by them.
2. ECA follows the federal guidelines for concussion protocol and return to play. Please see the following link:
<http://www.ohsaa.org/medicine/Concussions/ConcussionRegulations.pdf>.
3. UNIFORMS: Uniforms must be cared for and returned at the end of the season. We recommend washing in cold water and hanging to dry after washing. The charge for not returning or losing a uniform is \$95.00.
4. I authorize the school to obtain, through athletic trainer, nurse or coach, any emergency care that may become necessary while participating or traveling under the ECA athletics program.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Athlete's Signature: _____ Date: _____

Part Three: Emergency Medical Information

Alternate Emergency contact name _____

Phone _____

Physical Date: _____ Restrictions on Hospitals: _____ Preferred

Hospital: _____

List any physical conditions we should be informed of (i.e. asthma, allergies, epilepsy, injuries)