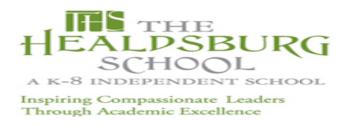
Fee per child: \$125



MIDDLE SCHOOL SPORTS LEAGUE

Girls Basketball Registration/Medical Release

THE REGISTRATION/MEDICAL RELEASE FORM MUST BE COMPLETED BEFORE STUDENT PARTICIPATES.

Please return completed registration/medical release form and fee to THS school office.

Checks payable to: The Healdsburg School

| • | | O . |
|---|---|------------------------------------|
| Student Name (print) | | Grade |
| Parent/Guardian (print) | | |
| Home Phone | Cell / Other | |
| Parent/Guardian and Student/Athlete Conduct | | |
| ***Parent/Guardian and Student | Signature Required*** | |
| We, student and parent/guardian, | , understand and agree to: | |
| student participation. Exemplify sportsmanlike at all times. Unsportsmanlike conduct competition, or expulsion administration action. | conduct toward teammates, of tis not tolerated and can result | ons are subject to further school- |
| practices, competitions, a | | |
| Participation in the MSSL requir of the parent/guardian to obtain a student/athletes, other than their | and present sufficient auto ins | |
| Participation in the MSSL is a pr the right to remove or suspend th attending league events. | | |
| Student/Athlete Signature | | Date |
| Parent/Guardian Signature | | Date |

MEDICAL RELEASE INFORMATION

I, parent/guardian, hereby authorize the staff of the MSSL after-school athletic program and its representatives to consent to any emergency medical care necessary for my son/daughter while under supervision. I have no knowledge of any physical impairment that would affect the above athlete's participation in any rigorous physical activity. I understand that it is my/parent responsibility to notify the school administration and athletic director of any such medical condition. I understand that reasonable attempt will be made to contact me/parent before use of this consent.

I, parent/guardian, of the above student/athlete understand the member schools, the MSSL, and its representatives will attempt to provide reasonable supervision for my child. However, I understand injuries can occur. Such injuries can, on rare occasion, result in short-term disability, chronic disability, paralysis, or death. In consideration for providing my child the opportunity to participate, I hereby release and hold harmless the member schools, its employees and volunteers from any liability for any injury sustained while participating as a member of a MSSL team.

I, parent/guardian will provide any medical needs or medications in a sealable bag