

## LAKESIDE CHRISTIAN ELEMENTARY ATHLETIC REGISTRATION FORM

Student Inform	ation:				
Name (First)		(L	ast)		
Date of Birth					
Gender (circle o	ne) <b>M F</b>	Grade (circle or	ne) <b>K 1</b> <sup>st</sup>	2 <sup>nd</sup> 3rd	4 <sup>th</sup> 5 <sup>th</sup>
Sport (check eac	h sport that you w	ould like to sign up f	or) Coed So	ccer C	coed Baseball
Coed Flag Foot	ball Coed V	olleyball C	oed Basket	ball	
<b>Level of Play</b> (c	ircle one)				
Never Played	Some Experien	ce Experienced	Adva	nced Player	
(If you have som	e level of play, plea	se write down the s	ports that yo	u have experier	nce in)
T-Shirt Size (cir	cle one)				
/th XS	Adult S				
/th S	Adult M				
/th M	Adult L				
/th L	Adult XL				
Yth XL					
Parent/Guardia	an Information:				
Name (s)					
Email*					
Cell phone*					
Home phone					
<b>/olunteer Info</b>	mation:				
I would like to	volunteer as a;	Team Helper	Assistar	nt Coach	
(Team Helper Duti	<u>es</u> ; to make sure that	the team has their sna	ick after the g	ames, remind the	e parents of next practice

(<u>Team Helper Duties</u>; to make sure that the team has their snack after the games, remind the parents of next practice/game day, Help with making sure that the students are in proper game uniform attire; Get the parents involved in cheering on the team, Snap some pictures during and after games.

1897 Sunset Point Road Clearwater, FL 33765 T 727-461-3311 F 727-445-1835 www.lakesidechristianschool.org www.lakesidelearningsolutions.com



<u>Assistant Coach Duties</u>; to work under the Head Coach to make sure the players, equipment and facilities are well prepared and organized. Take attendance, helps with transportation when necessary and to assist with implementing drills and game plans into practices according to the Head Coach's instruction. *All Volunteer Coaches must be willing to take and pass a background check* 

## Waiver:

My child has no conditions which will keep him or her from participating in the full range of activities being planned. I authorize the staff of Lakeside Christian School to act for me according to their best judgment in any emergence requiring medical attention.

Parent/Guardian (printed)

Signature of Parent/Guardian

Date\_



James Coffman Athletic Director Lakeside Christian School T- (727) 461-3311 ext. 307 F- (727) 445-1835 jcoffman@lakesidechristianschool.org



Mrs. Danica Smith Lakeside Christian School Head Coach JV & Varsity Track Elementary Athletic Coordinator C- (727) 239.3958 dsmith@lakesidechristianschool.org

1897 Sunset Point Road Clearwater, FL 33765 T 727-461-3311 F 727-445-1835 www.lakesidechristianschool.org www.lakesidelearningsolutions.com