

## LAKESIDE CHRISTIAN ELEMENTARY ATHLETIC REGISTRATION FORM

### Student Information:

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender (circle one) **M** **F**      Grade (circle one) **K** **1<sup>st</sup>** **2<sup>nd</sup>** **3<sup>rd</sup>** **4<sup>th</sup>** **5<sup>th</sup>**

Sport (check each sport that you would like to sign up for) **Coed Soccer** \_\_\_\_\_ **Coed Baseball (k-2<sup>nd</sup>)** \_\_\_\_\_  
**Coed Lacrosse (3<sup>rd</sup> – 5<sup>th</sup>)** \_\_\_\_\_ **Coed Flag Football** \_\_\_\_\_ **Coed Volleyball** \_\_\_\_\_  
**Coed Basketball** \_\_\_\_\_

Level of Play (circle one)

**Never Played**    **Some Experience**    **Experienced**    **Advanced Player**

(If you have some level of play, please write down the sports that you have experience in)

T-Shirt Size (circle one)

**Yth XS**                      **Adult S**

**Yth S**                        **Adult M**

**Yth M**                      **Adult L**

**Yth L**                        **Adult XL**

**Yth XL**

### Parent/Guardian Information:

Name (s) \_\_\_\_\_

Email\* \_\_\_\_\_

Cell phone\* \_\_\_\_\_

Home phone \_\_\_\_\_

### 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 \_\_\_\_\_