

AIO Sports Registration Form

Participants Full Name:

Nickname: _____ Male ___ or Female ___ Age (on Dec 31st): ___ Birth Date: _____

School Attending: _____ (Shirt size): (Child YS ___, S ___, M ___, L __ (Adult) S __, M __, L __, XL __, XXL __)

Parent(s) or Guardian(s): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address: _____

Parent/Guardian Participation:

I/We are willing to volunteer for: ___ Coach, ___ Asst. Coach, ___ Team Dad/Mom, ___ Field Maintenance or etc.

Consent/Waiver: I/We consent to our child participating in the AIO Sports Programs. I understand that like any sporting activity, my child is not without risk of injury. I permit my child to participate with full knowledge of this risk and will not hold the coaches, "AIO" responsible for any accidental injury. I understand that both Tidewater Adventist Academy and AIO Athletics and Recreation strongly recommends health or accident insurance for all of its participants.

Signature of Parent or Guardian: _____

Date: _____

Office Use:

Fee Received by: _____

_____ cash _____ check# _____ (Checks will be given \$35 charge for funds not rendered).

One- time Registration fee _____ Balance Due \$ _____