



# Elementary Flag Football



NAME \_\_\_\_\_

GRADE \_\_\_\_\_ Age \_\_\_\_\_ Birthdate M/D/Y \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PHONE \_\_\_\_\_ Alt. Ph \_\_\_\_\_

Email \_\_\_\_\_ EDUCATION: **HOME SCHOOL FORTIS**

If home schooled, has your child attended Fortis previously? \_\_\_\_\_ If so, list year(s)? \_\_\_\_\_

Please list any pertinent medical information below:

\_\_\_\_\_  
\_\_\_\_\_

List some of your child's daily routines by way of exercise and active play:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's experience level with organized sports:

\_\_\_\_\_

### WAIVER OF LIABILITY:

I, \_\_\_\_\_, parent or guardian of

\_\_\_\_\_, am aware that sports can carry an inherent danger of injury. I agree to release Fortis Academy of North Austin from any responsibility pertaining to injury. I also agree to allow Fortis Academy, or its representatives to transport or arrange for transport or arrange for transport of my child in the event of an accident/emergency to the nearest appropriate medical facility in my absence.

**FEE:** \$250 unless paid in May, then your Fee is \$225.

Preferred form of payment: FACTS (only available for Fortis students) CASH CHECK# \_\_\_\_\_

If you would like to make payments, please indicate below of your desired payment amounts through the duration of the season. August \_\_\_\_\_ September \_\_\_\_\_ October \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_