



Elementary Volleyball



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: _____