

TFS Middle School Athletics Statement of Interest

Name: _____ Home Phone #: _____

Address: _____

City: _____ State _____ Zip Code: _____

Gender: M / F Date of Birth: _____ Age: _____

Father's Name: _____ Daytime Phone #: _____

Other #: _____

Mother's Name: _____ Daytime Phone #: _____

Other #: _____

Legal Custodian: _____ Daytime Phone #: _____

Pager #: _____ Cellular #: _____

Other Emergency Contact Person: _____ Phone: _____

Assumption of Risk: It is understood and acknowledged that there is a risk of injury involved in athletic participation. The student athlete will be under the supervision and direction of a TFS athletic coach. Following the rules of the game and the instructions of the coach can reduce the risk of injury to the student and to other athletes. However, it is understood that neither the coach nor TFS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Athlete's Name (Print) _____

Athlete's Signature _____

Parent's (or legal guardian) Name (Print) _____

Parent's (or legal guardian's) Signature _____

Parent's (or legal guardian) Name (Print) _____

Parent's (or legal guardian's) Signature _____

Please list the sport the athlete would like to play during the current season: