



THE MONTESSORI ACADEMY
EDISON LAKES

2019 Soccer Registration

Please complete all forms provided and return the packet to the front office at The Montessori Academy Edison Lakes **by September 3rd**. Checks should be made payable to TMA and any student-athlete will not be permitted to participate in any practices or games until all forms are filed.

*Practices will start on September 3rd and will be held at TMA from 4:00 - 5:30. They will continue every Tuesday/Thursday unless told otherwise. For more information, email: cmiller@tma-el.org

Co-Ed Soccer - \$75

___ Upper Elementary (4-6 years)

___ Junior High (7-8 years)



My child has my permission to participate in the 2019 TMA soccer season.

Child's Name: _____

Email: _____

Cell Phone: _____

Parent's Signature: _____

Date: _____

ATHLETIC PROGRAM PARENTAL CONSENT & RELEASE FORM

PART 1 MEDICAL CONDITION TO BE WATCHED

___ No, my child does not have a medical condition that requires attention.

___ Yes, my child has a medical condition that requires attention.
(i.e. allergies to medicine, food, sun, nuts, etc.)

If yes, please explain: _____

PART 2 RISK AND DANGER RELEASE

I/We acknowledge that the participant knows and appreciates the risks and dangers involved in athletic participation and is assuming all risks of injury and damage incident to his/her participation in the athletic activity; further in consideration of the permission granted to the participant to participate in athletic activity, I/we do hereby release, discharge and relinquish the school, The Montessori Academy at Edison Lakes, their representatives, agents, officers, employees and officials from all claims, demands, actions and causes of actions of any sort for injuries sustained by the participant for me/us and from any damages to the participant's or my/our property.

PART 3 MEDICAL NOTICE AND PHYSICAL ABILITY

Parents of children participating in The Montessori Academy's Athletic Program are strongly encouraged, prior to their child's participation, to arrange for the child to have an annual physical examination by a physician.

PART 4 TRAVEL NOTICE

In consideration that my child is being transported to and is participating in sports games, and on behalf of my child, my spouse, myself and my child's estate, I hereby recognize that such an activity may expose my child to risks and hazards not ordinarily encountered at school. I release The Montessori Academy at Edison Lakes from all claims, judgments and liability that my child, his/her estate or my spouse now has or may ever have due to my child's participation in this event. I acknowledge that The Montessori Academy at Edison Lakes will not be responsible for any liabilities incurred during the transportation of my child to and from games.

PART 5 MEDICAL TREATMENT RELEASE

I/We hereby authorize the representatives of The Montessori Academy at Edison Lakes to act for me/us to their best judgment in any emergency requiring medical attention and I/we hereby waive and release The Montessori Academy at Edison Lakes, its administration, and instructors of all liability for any illness or injury while participating in the Athletic Program.

I/We have ***READ*** and ***UNDERSTAND ALL SECTIONS*** of this Consent & Release form. Accepting all releases and information stated herein, I/we hereby give consent for my/our child to participate in The Montessori Academy's Athletic Program, and be transported to and from events .

Child's Name _____ Grade _____

Parent's Name _____

Parent's Signature _____ Date _____

Emergency Contact Name & Telephone Number _____

Doctor's Name & Telephone Number _____



THE MONTESSORI ACADEMY
EDISON LAKES

Sports Carpooling Information

It is the responsibility of each parent to transport their child to all sporting events including off-site games and practices. Carpooling is to be personally arranged between and by parents who are responsible to notify the school, in writing, giving permission for their child to ride with another parent.

In the event your child is not picked up at dismissal by you or an appropriately appointed designee (see Sports Carpooling Permission Form), the child will be escorted to the office lobby or to aftercare.

- Aftercare requires pre-registration and pre-payment. Contact the office for a “Now and Then” Aftercare registration form.
- Students not picked up by 3:40 p.m. and not registered in Aftercare will be escorted to the office. Parents will be called and will be assessed a late pick up fee (see page 20 of the family handbook for more information).

The TMA Athletic office will provide a roster of students registered in each sport upon request.



THE MONTESSORI ACADEMY
EDISON LAKES

Sports Carpooling Permission Form

My child, _____, has permission to ride with the following drivers (list names below) to the games and/or practices through the following dates: 9/2/2019 - _____.

Sport: _____

Parent Signature: _____

Date: _____

Permission to ride with:

Uniform Agreement

By reading this and signing below, I agree that I will be responsible for the uniform assigned to me and that I will return it to my coach or the Athletic Director at the end of the season. I/We understand that if I lose or fail to return my uniform that there will be a **\$30** uniform replacement fee.

Student Signature

Date

Student Name (Please Print)

Parent Signature