

ADMINISTRATIVE USE ONLY	
CHECK RCVD BY _____	DATE _____
CHECK AMT _____	CHECK # _____

TEAM SPORT INFORMATION AND REGISTRATION

NAME _____	BIRTHDATE _____	AGE _____
HOME ADDRESS _____	ZIP CODE _____	GRADE _____

PARENT/GUARDIAN _____	
HOME PHONE _____	WORK PHONE _____
CELL PHONE _____	EMAIL _____

PARENT/GUARDIAN _____	
HOME PHONE _____	WORK PHONE _____
CELL PHONE _____	EMAIL _____

- Registration Fee
 Fall Soccer
 Spring Soccer
 Volleyball
 Basketball

WAIVER AND INDEMNIFICATION

As a participant in the Sabot at Stony Point Athletic Program, I agree to abide by the rules and procedures as approved through the Rules and Regulations of Sabot at Stony Point. As a participant, I shall uphold the high standards of Sabot at Stony Point and shall never do anything to damage the reputation of the School. I understand and agree that Sabot at Stony Point and/or any of its officials, affiliates or sponsors are not responsible for any injury, damage, or loss resulting from any accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract may result in the immediate termination of my participation in the athletic program.

PRIVACY POLICY

By providing Sabot at Stony Point with your personal information on this enrollment form you are giving consent to Sabot at Stony Point to collect and use your personal information for the purposes as set out in the Sabot at Stony Point Policy.

APPLICANT'S SIGNATURE _____	DATE _____
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PARENT/GUARDIAN'S SIGNATURE _____	DATE _____
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SABOT AT STONY POINT

A SMALL SCHOOL FOR BIG CHANGE