

Trinity Academy

Fall Sports Sign-up 2020-2021



Any student intending to participate in a Fall Sport *must return the following to the School Office* by the **First Day of Practice**:

- (1) Attached **Registration and Emergency Release Form**
- (2) Fall Sports **Participation Fee: \$200 High School, \$100 Lower and Middle School**

Prompt registration will enable coaches to determine player interest, budget, and scheduling for each sport. Questions, comments, or suggestions about the Trinity Academy Lower School, Middle School and High School Sports Programs can be directed to the following individuals:

Mr. Joseph Sommers
Athletic Director
 262-695-2933, x 205 (w)

Dr. Elizabeth Mitchell
Development Director
 262-695-2933, x 207 (w)

Participation Checklist and Sports Release Form

Lower School - Middle School:

- Field Hockey - Practice starts Thurs., Sept 10 (Girls and Boys, Grades 3-8) _____
- Basketball for the Winter Season (For planning purposes only) _____

High School:

- Cross Country (Co-op) - practice starts Aug 17 (Co-ed, Grades 9-12) _____
- Field Hockey (Co-op) - practice starts Sept 8 (Girls, Grades 9-12) _____
- Soccer (Co-op) - practice starts Sept 7 (Boys, Grades 9-12) _____

Medical and Liability Release

In the event of an emergency and parents/guardians cannot be contacted, I hereby authorize school officials to take whatever action is deemed necessary, in their judgment, for the health of my child. I consent to any immediate medical procedures that a physician deems necessary, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all costs related to such treatment.

I certify that _____ is in good health and give permission for my child to participate in the Trinity Academy Sports Program. My student has permission to travel to all Trinity Academy sporting events with a team coach, volunteer parent driver, or faculty member. Student drivers, holding a valid drivers' license, may drive themselves to a sporting event with parental permission. I release and forever discharge Trinity Academy, its employees, and chaperones, for any and all liability for injuries, anticipated or unanticipated, sustained by my son/daughter while participating in Sports Program activities.

Student's Name: _____ Grade Level: _____

Signature of Parent or Guardian: _____ Date: _____