



## Home School Sports Application / Registration

Attach additional pages if necessary

### Family Information

Date: \_\_\_\_\_ School year in which children will participate \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ (work / cell)

Email: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Home address (street, city, state, zip) \_\_\_\_\_  
\_\_\_\_\_

Emergency contact numbers: (home) \_\_\_\_\_ (cell/work) \_\_\_\_\_

Family Church: \_\_\_\_\_ Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family physician (name, address, phone): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

(Each student who participates in sports must show evidence of insurance. This is a requirement of OCS's insurance company, who is not the primary insurance provider for accidents. Those families without insurance must sign a release form, which is provided upon request.)

How did you hear about this school?: \_\_\_\_\_

I give permission for my child(ren) to participate with OCS in inter-school athletics. I agree to uphold and support the high moral standards of the school and the team with my conduct and the conduct of my child(ren). I understand that the school reserves the right to refuse admission to or to dismiss any player who fails to uphold the established regulations and discipline or whose financial obligations remain unpaid. I understand that Olathe Christian School is **not** in any way responsible for any problems or accidents incurred through the transportation to and from athletic contests. I understand that I must provide insurance coverage for my child.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Physical required. Forms available online at [olathechristianschool.com](http://olathechristianschool.com)**

**Emergency Medical Form must be filled out and notarized. Form on online. Notarization available in school office.**