



Free public charter school serving students from Asheville and Buncombe County, NC in grades 6 - 12

Player First Name M Initial Last Name
(AS APPEARS ON BIRTH CERTIFICATE)

Male Female

____/____/____
Birth Date

Grade (2015-16 School Year)

Address of Player City State Zip

Parent/Legal Guardian Full Name Home Phone Work Phone Cell Phone

Name Additional Person to Contact in an Emergency Home Phone Cell Phone

Player is Allergic to these Medications and Substances

List any Unusual Health Information

I (we), the undersigned, residing in the county of _____, state of _____, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all sport-related activities with the Franklin School of Innovation in Asheville, NC.

I (we) agree that we and the Registrant will abide by the rules of the sport, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sport, we hereby jointly and severally release, discharge and/or otherwise indemnify the Franklin School of Innovation their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above school from any and all liability, claims or demands arising from the Registrant participating in the programs with the school, specifically to include any and all claims for personal injuries sustained while present or participating in the programs or traveling to or from events in the programs or while on trips sponsored by or in conjunction with the programs.

In addition, I (we) do hereby authorize any one of the designated adults of the school, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Parent / Legal Guardian Signature

Date

Insurance Provider

_____/_____
Group # / Subscriber ID #