

**Tribe Consolidated Athletics – 2017-2018 Sports – February 2017
REGISTRATION AND MEDICAL CONSENT FORM**

Registration Process Checklist:

Step 1: The following must be completed/submitted:

- Student Registration – *A separate packet is required to be completed for each sport*
- TAI AO Participant and Parent Annual Rules Acknowledgement – *Must be signed by parent AND student and submitted once per year (March-February) and on file with Tribe*
- Copy of updated medical insurance information, if appropriate
- Copy of birth certificate, if not previously provided to Tribe
- Current (*within 2 years*) medical physical release for *all sports*
- Minimum \$30.00 deposit

Step 2: The completed packet and appropriate fees should be mailed to Tribe at:

PO Box 1277, Bastrop, Texas 78602-1277

NOTE: Coaches are not allowed to accept documents/money. Emails will be sent upon registration completion notifying families and coaches of athlete eligibility to participate.

STUDENT REGISTRATION

| | | | | | | | | | | | | |
|---|---------------------------------------|--------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|--|
| First Name | Middle Name/Initial | Last Name | | | | | | | | | | |
| Address | City | Zip Code | | | | | | | | | | |
| Email address: <hr/> Date of Birth* <hr/> <p><i>*Players must be younger than 19 years of age (as of September 1, 2016). Players who have graduated from high school are not eligible to participate.</i></p> <p><i>Tribe athlete grade levels are based on the student's age as of September 1st:</i></p> <p>Check one:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MIDDLE SCHOOL</td> <td style="width: 50%;">HIGH SCHOOL</td> </tr> <tr> <td><input type="checkbox"/> 11 years old</td> <td><input type="checkbox"/> 15 years old</td> </tr> <tr> <td><input type="checkbox"/> 12 years old</td> <td><input type="checkbox"/> 16 years old</td> </tr> <tr> <td><input type="checkbox"/> 13 years old</td> <td><input type="checkbox"/> 17 years old</td> </tr> <tr> <td><input type="checkbox"/> 14 years old</td> <td><input type="checkbox"/> 18 years old</td> </tr> </table> | MIDDLE SCHOOL | HIGH SCHOOL | <input type="checkbox"/> 11 years old | <input type="checkbox"/> 15 years old | <input type="checkbox"/> 12 years old | <input type="checkbox"/> 16 years old | <input type="checkbox"/> 13 years old | <input type="checkbox"/> 17 years old | <input type="checkbox"/> 14 years old | <input type="checkbox"/> 18 years old | Registering for (NOTE: 1 form is required per sport): <input type="checkbox"/> Football <input type="checkbox"/> Volleyball <input type="checkbox"/> Cross Country <input type="checkbox"/> Basketball <input type="checkbox"/> Track & Field | Home schooled student? <input type="checkbox"/> Yes <input type="checkbox"/> No Private school student? <input type="checkbox"/> Yes <input type="checkbox"/> No Public charity school student? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of school: <hr/> Administrator name: <hr/> Phone number/Email address: <hr/> Has the student participated in an athletics program other than Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list: Name of Program: <hr/> Last Year of Participation: <hr/> |
| MIDDLE SCHOOL | HIGH SCHOOL | | | | | | | | | | | |
| <input type="checkbox"/> 11 years old | <input type="checkbox"/> 15 years old | | | | | | | | | | | |
| <input type="checkbox"/> 12 years old | <input type="checkbox"/> 16 years old | | | | | | | | | | | |
| <input type="checkbox"/> 13 years old | <input type="checkbox"/> 17 years old | | | | | | | | | | | |
| <input type="checkbox"/> 14 years old | <input type="checkbox"/> 18 years old | | | | | | | | | | | |

Sports offerings are based on coach availability and demand. Note that spots are on a first-come, first-serve basis; others will be placed on waiting lists. Families are encouraged to register their student early to ensure their spot. The registration period allows families up to 6 months to pay the sports fees. Students will not be allowed to participate until fees are paid in full.

FOOTBALL FEE STRUCTURE AND PAYMENT SCHEDULE

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|-------------------------------|---|
| High School Students | \$400.00 (includes \$30.00 deposit due at time of registration) |
| Middle School Students | \$300.00 (includes \$30.00 deposit due at time of registration) |
| REGISTRATION PERIOD | March 1-September 1 |
| BALANCE DUE | September 1, 2017 |
| Volunteer Discount | Families that volunteer a minimum of 3 home games (Middle School or High School) are eligible to receive a \$50.00 discount off of their student's 2 nd sport fee. |

NON-FOOTBALL FEE STRUCTURE

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|-------------------------------|---|
| High School Students | 1 st sport - \$330.00 (includes \$30.00 deposit due at time of registration) 2 nd sport - \$280.00 (includes \$30.00 deposit due at time of registration) 3 rd sport - \$230.00 (includes \$30.00 deposit due at time of registration) 4+ sports - \$180.00 for each sport (includes \$30.00 deposit due at time of registration) |
| Middle School Students | 1 st sport - \$230.00 (includes \$30.00 deposit due at time of registration) 2 nd sport - \$180.00 (includes \$30.00 deposit due at time of registration) 3 rd sport - \$130.00 (includes \$30.00 deposit due at time of registration) 4+ sports - \$80.00 for each sport (includes \$30.00 deposit due at time of registration) |

NON-FOOTBALL PAYMENT SCHEDULE

| SPORT | REGISTRATION PERIOD | BALANCE DUE |
|--------------------------|----------------------------|--------------------|
| Volleyball | March 1-September 1 | 09/01/17 |
| Cross country | March 1-September 1 | 09/01/17 |
| Basketball | June 15-December 15 | 12/15/17 |
| Track & Field | September 15-March 15 | 03/15/18 |

Father/Male Guardian:

| | | |
|--------------------------|------------------------------|--------------------------|
| First Name | Middle Name/Initial | Last Name |
| Mailing Address | City, State, Zip Code | Email Address |
| Home Phone Number | Cell Phone Number | Work Phone Number |

Mother/Female Guardian:

| | | |
|--------------------------|------------------------------|--------------------------|
| First Name | Middle Name/Initial | Last Name |
| Mailing Address | City, State, Zip Code | Email Address |
| Home Phone Number | Cell Phone Number | Work Phone Number |

Emergency Contact Information (in case parents/guardians are unable to be reached):

| | | |
|----------------------------|--------------------------------|---------------------|
| First and Last Name | Relationship to Student | Phone number |
|----------------------------|--------------------------------|---------------------|

I understand that it is my and my student's responsibility to read Tribe's handbook in its entirety; we accept the conditions and agree to adhere to the policies and rules of Tribe. I acknowledge that it is my responsibility to notify Tribe administration of my student's grades upon request. I understand that my student must pass all courses (with a minimum grade of 70) in order to be eligible to participate in Tribe activities; academics supersede athletics. I understand that participation in Tribe is a privilege and not a right, and that at any time conduct, academic progress, or cooperation with Tribe authorities is not in keeping with Tribe's requirements, Tribe administration/Board reserves the right at its discretion to take appropriate action, up to and including, dismissal from the program.

*My signature below acknowledges agreement with the established fees. I understand that full payment is expected by the due date. I understand that my student will not be allowed to participate in any Tribe activity until payment is made, unless alternative arrangements have been approved. I understand that fees and sports-related expenses are **non-refundable** without the approval of the Tribe Board of Directors. In case of dismissal or withdrawal from this program, all sums of money paid to Tribe as of the date of such dismissal or withdrawal shall be retained by Tribe; any unpaid money due to have been paid to Tribe will be immediately due and payable. In the event of default of the financial agreement, I agree to reimburse Tribe for any sums of money reasonably expended or incurred by Tribe in enforcing its rights hereunder, including, but not limited to, attorney and court costs. In addition, I understand that uniforms and equipment provided to students by Tribe are considered property of Tribe unless designated otherwise and I agree to return such items to Tribe in good condition at the end of the season. I further agree to reimburse Tribe for any damaged items or items not returned.*

| | |
|-------------------------------------|-------------|
| Signature of Parent/Guardian | Date |
| | |

CONSENT FOR TREATMENT AND LIABILITY RELEASE

List any special medical information concerning the above student of which Tribe should be aware, such as allergies, diabetes, or other conditions. Also list any medications the student is taking and the frequency of the dosage.

Is the above student covered by any medical insurance? **Yes** **No; Attach copy of card if applicable**

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|----------------------------------|--|
| Insurance Company Name | |
| Policy Number | |
| Name of Insured | |
| Insurance Company Phone # | |

I understand that my student is required to have a current physical (within 2 years as of August 1st) on file with Tribe (to be completed by a physician of your choice) by August 1st of the particular school year. I understand that ALL medical costs incurred by or on behalf of my student while enrolled with Tribe are my responsibility regardless of whether or not I carry health insurance on my student. In the event of medical or surgical need, I authorize Tribe to act in the best interest of my student's welfare. It is understood that Tribe is not responsible in any way for accidents or injuries. In case of serious illness or injury, if parent or emergency contacts cannot be reached, I give permission for emergency medical treatment to be given as approved by my child's coach or representative. I understand that this is to prevent any undue delay and to assure prompt treatment. I will be notified in case of serious illness or injury as quickly as possible.

I understand that families are responsible for transporting their students to Tribe activities – practices and games. Rides may be available with coaches; however, Tribe will not be responsible in any way for accidents or injuries.

I further agree to hold Tribe, Academy Funding of Bastrop, its administration, Board, coaches, and volunteers harmless from any liability resulting as part of Tribe activities/events.

| | |
|-------------------------------------|-------------|
| Signature of Parent/Guardian | Date |
| | |

NOTE:

Students and parents must complete the “Texas Association of Independent Athletic Organizations Participant and Parent Annual Rules Acknowledgement” form as part of the annual registration process.

In addition to Tribe’s handbook, families must read and agree to the Parent Code of Ethics (available on our website, <http://tribeathletics.org>).