

CONSENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consent to my child _____ participating in the activities of the 2011-12 Keswick Elementary Sport Leagues within which we are registering. I certify that my child is able to participate in these activities (unless otherwise indicated). If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the phone number listed below. If I cannot be reached within a reasonable time, I hereby authorize the personnel of Keswick Christian School to make emergency medical decisions for my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT HERETO. I do hereby agree to hold Keswick Christian School and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understood.

Parent: _____
Date: _____



C R U S A D E R S

KESWICK CHRISTIAN SCHOOL
10101 54TH AVENUE N
ST. PETERSBURG, FL 33708

Phone: 727-393-9100

Fax: 727-397-5378

E-mail: kking@keswickchristian.org

2011-12

KESWICK CHRISTIAN YOUTH LEAGUES



C R U S A D E R S

REGISTRATION FORM

Keswick Christian's Youth Leagues Offer:

- Quality Instruction by Christian Coaches and KCS Athletes
- Opportunity to develop mental, social and physical life skills through the athletic arena.
- Saturday sessions which include instruction and game competition each week.
- Emphasis on Character building as well as skill development
- League format and facilities modified for age/skill level
- League T-shirt and end of season awards.
- All leagues open to both boys and girls.
- All leagues open to students in any school or homeschool

SPORTS OFFERED:

FALL SESSION: August 27-October 15
9:30-11:30am

Flag Football: 2nd-5th Grade

FLAG FOOTBALL
VOLLEYBALL

Volleyball:
2nd-5th Grade
9:30-11:30

WINTER 1 SESSION:

October 22nd-December 17th

SOCCER

Soccer: Grades K-2 9:00-10:30
Grades 3-5 10:30-Noon

WINTER 2 SESSION:

January 14th-March 3rd

GRADES 2-3 9:00-10:30am
GRADES 4-5 10:30-Noon

BASKETBALL

SPRING SESSION:

March 10th-May 19th

BASEBALL

GRADES K-1 T-BALL 9:00-10:00
GRADES 2-3 9:00-10:30
GRADES 4-5 10:30-Noon

PICKLEBALL

Pickleball (an indoor game using a paddle and wiffle ball on a badminton size court with a tennis height net)

GRADES 4-5 9:00-10:30

Athlete's Name: _____

Parent's Email: _____

Home Phone: _____

Parent's Cell Phone: _____

Grade: _____ School: _____

Teacher (if KCS student) _____

T-Shirt Size: _____ Adult or Youth Size

MARK THE SPORTS FOR REGISTRATION:

_____ FLAG FOOTBALL

_____ VOLLEYBALL

_____ SOCCER

_____ BASKETBALL

_____ BASEBALL

_____ PICKLEBALL

Cost: \$50 (siblings half price)

Register for all 4 sessions for \$160 (Siblings \$90)

Make Checks payable to Keswick Christian School

PLEASE BRING OR MAIL YOUR REGISTRATION TO:

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KESWICK CHRISTIAN SCHOOL
10101 54TH AVENUE N
ST. PETERSBURG, FL 33708

Phone: 727-393-9100

Fax: 727-397-5378

E-mail: kking@keswickchristian.org