INSPIRE GIRLS BASKETBALL

FALL 2019



This program is open to students currently ages 12 through 18. (as of 5/31/19) Grades 6-12. No experience is necessary to participate in basketball, although it is helpful. If we get enough students we may break into JV and Varsity.

Coach: Coach Jessica Wilcox - jess 8506@hotmail.com and

Kristy Short athletics.inspirehsa@gmail.com

Assistant coaches wanted!

Team Manager: TBA

Inspire Homeschool Academy: 678-675-7240

Cost: \$350 per year, includes uniform and t-shirt. Can be broken into 2 payments, 1st payment due with registration,

balance due Sept 1st. Min 1st payment \$200. Please add \$10 convenience charge if breaking up payments.

Registration Deadline Due: Sept 1st

Registration Event:

Forms may be dropped off in person - Monday, June 10, 17, 24 and July 1st from 10 am to 12 noon at Lost Mountain Park, 4845 Dallas Hwy, Powder Springs. We will be in the big covered pavilion when you first enter the park on the right, next to the playground. You can park on the left.

Or scanned and emailed to - <u>inspirehsa@gmail.com</u> and payment made via credit card. An invoice will be sent once your registration for is received. Please note if you are paying in full or making two payments.

Try-Outs: There are no try-outs. All who register will make the team. No experience is necessary.

Practices Held: Expected to be Mondays, Tuesdays, Thursdays, 5 pm to 7 pm at the Church of LDS, 205 Ensign Dr., Dallas, GA. There may be some days/times that will need to be adjusted due to conflicts with the volleyball schedule. You will be given ample notice of any time adjustments. Practice expected to start first week in October.

Open Gym Week: During our September Fall Break, there will be an Open Gym time for the players to get to know each other, warm up, and practice before team practices start the next week. These are optional practices.

Uniform Fitting: TBD

Games: Game schedule will be provided by team manager.





INSPIRE HOMESCHOOL ACADEMY 2019 GIRLS BASKETBALL PARTICIPANT INFORMATION FORM

Student's Name:				
Name student prefers to be called by (if any):		Sex: Female		
Street Address:	City:	Zip:		
Home Phone:				
Student's Date of Birth:	Student's 2019-2020	Grade:		
Parents Names:				
Mom Cell:	Dad Cell:			
Parent's E-mail address that is checked regularl	y:			
Student's Email address that is checked regular	ly:			
Does your child currently attend Inspire Homeson Do you plan on attending/applying to Inspire for		_ No		
Are there any medical, mental, emotional, social	, or academic issues of which we shou	uld be aware? If so, please list.		
Allergies:				
-				
Does your child require the use of an Epi-Pen?_	If so, Anaphylaxis Action Plan I	MUST be filled out and kept on file.		
Emergency Contact (other than parent) Name:_		Number:		
Relationship to child/parent:				
Does your child have any experience in basketb	all? If so, please tell us about it. (note:	experience is not necessary)		
I have attached:				
\$350 Registration/Uniform Fee (Cash/Check/CC) – can be broken up into 2 payments/please add \$10 convenience charge				
Non-Inspire Students Only - Include a \$50 Administration Fee				
Release of Liability for Minor Participants in Sports Form				
Copy of Health Insurance Card (front and back) *				
Copy of Birth Certificate *				
Copy of Most Recent Report Card/Tran	nscript *			
Copy of your most recent Letter of Intent/DOI* (updated/school yr 2019-2020 will be required when DOI renewed in Sept)				
Sport Exam and Medical Release* – Do	Sport Exam and Medical Release* – Due by Sept 15			

Items with a * may be handed in to Team Manager at first practice/camp.



(STUDENT PARTICIPANT SIGNATURE)

INSPIRE HOMESCHOOL ACADEMY RELEASE OF LIABILITY FOR MINOR PARTICIPANTS IN SPORTS

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(DATE SIGNED)

	OMESCHOOL ACADEMY		READ BEFORE SIGNIN
N CON	SIDERATION OF (minor child's name)		, my child/ward, being allowed to
articip	ate in any way in the (sport)		related events and activities with Inspire
lomeso	thool Academy, the undersigned acknowled	dges, appreciates, and agrees that:	
	of injury to my child from the activities inv le particular rules, equipment, and persona		, including the potential for permanent disability and deathrisk of serious injury does exist; and,
•	FOR MYSELF, SPOUSE, AND CHILD, I KNO FROM THE NEGLIGENCE OF THE RELEASE		CH RISKS, both known and unknown, EVEN IF ARISING bility for my child's participation; and,
•		ss for participation and/or in the progr	d conditions for participation. If I observe any unusual ram itself, I will remove my child from the participation and
•	HOLD HARMLESS Inspire Homeschool Ac participants, sponsoring agencies, sponso ("Releasees"), WITH RESPECT TO ANY AN	ademy; its owners, directors, officers, ors, advertisers, and if applicable, owr ID ALL INJURY, DISABILITY, DEATH, or	I representatives and next of kin, HEREBY RELEASE AND , officials, agents, employees, contractors, volunteers, others and lessors of premises used to conduct the event loss or damage to person or property incident to my child? E NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the
•		asees from any and all liabilities incide	ional representatives and next of kin, HEREBY INDEMNIFY ent to my involvement or participation in these programs, law.
•	I, the parent/guardian, assert that I have rules and regulations, and that my child/		of the activity, his/her responsibilities for adhering to the
•	order treatment for my child, including a Academy Staff and Volunteers to disclose	ny necessary medical treatment and x e the information contained on his/he ild or I may incur as a result of such tre	ool Academy Staff, Coaches, Trainers and Volunteers to x-rays. I also hereby give permission to Inspire Homeschoo er forms to medical personnel. I agree to pay all medical, eatment. Inspire Homeschool Academy also does not participate in their sports program.
•	hereby certify that my child is covered fo events as a student in the Inspire Homes	or injuries and/or death occurring as a chool Academy sports program during	d/or accident insurance in order to participate in sports and result of participation in, or the practice for, all athletic g the current school year. I also certify that said insurance for or participation in athletic events during the current
	Name of Insurance Company		
	Address of Insurance Company		
ULLY		ND THAT WE HAVE GIVEN UP SUB	LIABILITY AND ASSUMPTION OF RISK AGREEMENT, SSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT
	NT/GUARDIAN SIGNATURE)	(PRINT NAME)	(DATE SIGNED)
JNDE	RSTANDING OR RISK		
	rstand the seriousness of the risks in ing to rules and regulation, and acco		program, my personal responsibilities for

(PRINT NAME)