



Hope Lutheran School Athletics Registration Form

Please complete this form to sign up your child to participate in Hope's Athletic Program. One form can be used per family; please indicate the student name and check the sport they are signing up for in the boxes below (please note the specific grade levels per sport). Except for Cheerleading there is a fee per sport fee that must accompany this form or submitted online in order for your child to be registered; see the amount listed for the specific sport below. Fees vary depending on expenses per sport. You may submit a new form at the start of each season if you don't want to sign up for multiple sports at once. For further information about the Athletic Program, please consult the School Handbook or the school website.

ATHLETIC TEAMS:	<i>(Student Name)</i>	<i>(Student Name)</i>	FEE:
Full Year Sports:			
7th- 8th Grade Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	N/A ^a
Fall Sports:			
5th - 8th Grade Cross-Country ^b	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75
5th - 8th Grade Soccer Co-Ed	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75
7th - 8th Grade Girls' Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75
Winter Sports:			
7th - 8th Grade Girls' Basketball	<input type="checkbox"/>	<input type="checkbox"/>	\$ 110
7th - 8th Grade Boys' Basketball	<input type="checkbox"/>	<input type="checkbox"/>	\$ 110
5th - 6th Grade Girls' Basketball	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75
5th - 6th Grade Boys' Basketball	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75
Spring Sports:			
5th - 8th Grade Track	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75
<i>Total Enclosed:</i>			\$
Valid Athletic physical evaluation on file with school? If "no," please submit before your child may participate. Physicals are valid for two years.	Y / N	Y / N	

ATHLETIC POLICY ACCEPTANCE:

Student: I have read Hope's Athletic Policy and will, to the best of my ability, follow the policy.

Name: _____ /___/___ Name: _____ /___/___

Parent/Guardian: I have read Hope's Athletic Policy and will, as a parent or guardian, follow and support the policy to the best of my ability.

Name: _____ /___/___ Name: _____ /___/___

CONCUSSION SAFETY INFORMATION:

Students: I read and understand the concussion safety information.

Name: _____ /___/___ Name: _____ /___/___

Parent/Guardian:

Name: _____ /___/___ Name: _____ /___/___

^a The Athletic Fee does not apply to these teams as they purchase their own uniforms and other out-of-pocket expenses.

^b Students may participate in Cross Country and **either** Soccer or Volleyball at the same time.

Pay Athletic Fees by going to: HLS.HopeSeattle.org/athletics/