**WIREGRASS KINGS**

*"Wiregrass Kings exists to glorify God as we play competitive sports."*

***PLEASE PRINT***

Athlete name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_

Parent email (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_

Home school group or private school name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current grade: \_\_\_\_

*Emergency contact other than parent/guardian:*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Code of Conduct for Players and Family Members**

Wiregrass Kings exists to glorify God as we play competitive sports. We do this by developing and demonstrating Christ-like character among our team, developing the skills God has given our athletes, and bringing glory to God by being salt and light as we play.

Participation in Wiregrass Kings is completely voluntary. By participating with Wiregrass Kings, you are agreeing that the coaches are the authority on the court/field. You will support coaches at all times. Parents will not argue with or belittle referees/umpires, coaches, or players.

Any behavior contrary will receive a warning. Continuous disregard for the Code of Conduct will result in disciplinary action and/or possible expulsion

I have read the current Wiregrass Kings Handbook and Code of Conduct, and I agree to abide by the handbook in its entirety. *\*This section is* ***not*** *to be initialed until both athlete and parent have read the Student Handbook. There is a copy of the handbook on the website, www.wiregrasskings.org, or a paper copy will be provided.*

\_\_\_\_\_\_\_\_ Athlete

\_\_\_\_\_\_\_\_ Parent/guardian

**Photo release**

\_\_\_\_\_\_\_\_ I grant to Wiregrass Kings Corporation (WGK), its representatives and volunteers, the

 right to take photographs of my above-named child in connection with activities

 relating to WGK.

\_\_\_\_\_\_\_\_I authorize WGK to use and publish photographs in print and/or electronically.

\_\_\_\_\_\_\_\_I agree that Wiregrass Kings Corporation may use such photographs with or

 without my child’s name and for any lawful purpose, including to example such

 purposes as publicity, illustration, advertising, and web content.

**Uniform Waiver**

I understand that the uniform issued by Wiregrass Kings (WGK):

\_\_\_\_\_\_\_\_1. Is the property of WGK and must be returned in good condition at the conclusion of the final game of the season.

\_\_\_\_\_\_\_\_2. Is my responsibility, and that if it is damaged or lost I will have to pay full replacement costs for the jersey, to include setup fee for printing if required.

**Wiregrass Kings Athletic Program Liability Waiver**

**PARENTAL CONSENT:**

\_\_\_\_\_\_\_ I (We) the undersigned parent(s)/guardian(s), do hereby grant permission for my above-named child to participate in the Wiregrass Kings Athletic Program.

I (We) acknowledge and understand the following:

\_\_\_\_\_\_\_ A. That while participating in this event (program), there is a possibility of illness or injury to my child and further acknowledge that my child is assuming the risk of such physical illness and/or injury by their participation. I (We) further release Wiregrass Kings, as well as its representatives, from any claims for personal illness and/or injury that my child may sustain as a result of their participation.

\_\_\_\_\_\_\_ B. In order that my child may receive emergency medical treatment in the event of illness or injury during this event (program), I (We) hereby authorize the Wiregrass Kings' representatives to obtain medical treatment for my child for such illness or injury. I (We) hereby hold the Wiregrass Kings and its representatives harmless in the exercise of this authority. I (We) agree to be responsible for any and all medical bills that may be incurred on behalf of my child as a result of their participation in the event (program). Furthermore, I (we) understand that the Wiregrass Kings will purchase supplemental medical insurance for each participant. I (We) understand that this insurance will only supplement my/our own medical insurance coverage and my/our personal coverage is a requirement for my/our child to participate in the Wiregrass Kings program. My/our child is covered by the following existing medical health insurance policy:

Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number/Group Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ C. I understand that Wiregrass Kings has established rules and regulations regarding conduct, safety, and sportsmanship by which my child must abide, and that my child and I (we) will be responsible for their failure to abide by those rules and regulations.

I (We) have read and understand A, B, and C above and give my/our child permission to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete Signature Date

**Please provide the following:**

* Current sports physical (expires each year)
* Copy of birth certificate
* Copy of grades from previous semester (must maintain a "C" average to be eligible)
* Copy of insurance card
* ACSC Concussion Form
* ACSC Waiver