

# Sports Day Family Guest Registration



**A completed Medical Authorization Form or a letter authorizing HCYA to give or obtain emergency medical treatment without liability must be signed by the parents and presented with this guest registration! Six students in one family can be registered with this Family Guest Registration Form. \* Required**

**\*PLEASE PRINT LEGIBLY**

## Family Information

Please fill out this form for each family unit that you are registering.

Father's Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_

Mother's Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Home phone (if any) \_\_\_\_\_

Mother's email address\* \_\_\_\_\_

Father's email address\* \_\_\_\_\_

Mother's cell phone\* \_\_\_\_\_

Father's cell phone\* \_\_\_\_\_

How did you hear about Sports Day? **Check only one.**

- Friend      Family      Returning students  
Website      Homeschool group      Other: \_\_\_\_\_

## Student Registration Info.

Please fill out a registration form for each of your children. There are spaces available for 6 children. If you have more children than space provided, please print another form. \* Required  
(cont'd on back/next page)

#1 Name\* \_\_\_\_\_, \_\_\_\_\_

Birthdate\* (mm/dd/yyyy) \_\_\_\_\_ Age (as of September 1st)\* \_\_\_\_\_

Gender\* *Check only one*      Male      Female

AGE LEVEL\* *Check only one*      Senior (14+)      Junior (10-13)      Sophomore (6-9)

Does this student participate in other HCYA activities?\* *Check only one*      Yes      No

#2 Name\* \_\_\_\_\_, \_\_\_\_\_

Birthdate\* (mm/dd/yyyy) \_\_\_\_\_ Age (as of September 1st)\* \_\_\_\_\_

Gender\* Check only one                      Male              Female

AGE LEVEL\* Check only one              Senior (14+)              Junior (10-13)              Sophomore (6-9)

Does this student participate in other HCYA activities?\* Check only one              Yes              No

#3 Name\* \_\_\_\_\_, \_\_\_\_\_

Birthdate\* (mm/dd/yyyy) \_\_\_\_\_ Age (as of September 1st)\* \_\_\_\_\_

Gender\* Check only one                      Male              Female

AGE LEVEL\* Check only one              Senior (14+)              Junior (10-13)              Sophomore (6-9)

Does this student participate in other HCYA activities?\* Check only one              Yes              No

#4 Name\* \_\_\_\_\_, \_\_\_\_\_

Birthdate\* (mm/dd/yyyy) \_\_\_\_\_ Age (as of September 1st)\* \_\_\_\_\_

Gender\* Check only one                      Male              Female

AGE LEVEL\* Check only one              Senior (14+)              Junior (10-13)              Sophomore (6-9)

Does this student participate in other HCYA activities?\* Check only one              Yes              No

#5 Name\* \_\_\_\_\_, \_\_\_\_\_

Birthdate\* (mm/dd/yyyy) \_\_\_\_\_ Age (as of September 1st)\* \_\_\_\_\_

Gender\* Check only one                      Male              Female

AGE LEVEL\* Check only one              Senior (14+)              Junior (10-13)              Sophomore (6-9)

Does this student participate in other HCYA activities?\* Check only one              Yes              No

#6 Name\* \_\_\_\_\_, \_\_\_\_\_

Birthdate\* (mm/dd/yyyy) \_\_\_\_\_ Age (as of September 1st)\* \_\_\_\_\_

Gender\* Check only one                      Male              Female

AGE LEVEL\* Check only one              Senior (14+)              Junior (10-13)              Sophomore (6-9)

Does this student participate in other HCYA activities?\* Check only one              Yes              No

# Medical Authorization



Student 1 Name: \_\_\_\_\_

Student 2 Name: \_\_\_\_\_

Student 3 Name: \_\_\_\_\_

Student 4 Name: \_\_\_\_\_

Student 5 Name: \_\_\_\_\_

Student 6 Name: \_\_\_\_\_

**PLEASE PRINT LEGIBLY!**

**2 PAGES!**

**COMPLETE BOTH PAGES/SIDES**

**CHECK IF ENROLLING MORE THAN 6 STUDENTS** (and using 2 Registration Forms)

In consideration of my child's participation in the Homeschool Christian Youth Association (HCYA) program:

I hereby authorize, in the event my child suffers injury, any director, coach, medical attendant, or adult leader of the HCYA program to consent to emergency medical treatment for my child when I cannot be contacted to so consent. Such medical treatment may include, without limitation, x-ray examination, anesthetic, medical, surgical examination or treatment and general hospital care. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. EXCEPT AS NOTED BELOW, this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of a supervisor or medical attendant of the HCYA program to give specific consent to any and all such examination, treatment, or hospital care.

Except as indicated below, I specifically give my consent for first aid treatment with bandages and antibiotic ointment (*Neosporin, Neomycin, Bacitracin, and/or Polymyxin*), Hydrogen Peroxide, Vaseline, Ibuprofen, Naproxen and/or Tylenol.

## Notes & Exceptions

I, and my child, hereby release, absolve and hold harmless the directors, coaches, medical attendant, and adult leaders of the Homeschool Christian Youth Association sports program, and the facility where it is held, from any and all liability for all losses, damages or injuries occurring as a result of my child's participation in the association's activities. I further agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for examination, treatment or hospital care required in the case of a medical emergency.

I understand that reasonable precautions will be taken to make the program safe and beneficial for all children, but that risk of injury cannot be eliminated entirely, and that this release is necessary for my child to participate in the HCYA program.

I hereby verify that I understand and accept the terms of this Authorization, and that my child is in good physical condition and not limited to participate in any physical activities of the HCYA program except as noted on the back.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# STUDENT MEDICAL INFORMATION

**Please Print Legibly!**      **COMPLETE BOTH PAGES/SIDES**

***Please put 'NONE' OR 'N/A' when NOT APPLICABLE***

**MEDICAL INFORMATION:** Please indicate any special limitations, problems, or needs of each student (e.g. existing illness, previous injuries, handicaps, allergies to drugs, limitations on physical activities). Children with Asthma or other medical needs should bring their medication in the original pharmacy container to first aid person and check it in with the first aid person or coach each time. Tell us anything else we should know about your child (shy, ADHD, Aspergers, does not play easily with others)? Additional information may be required for asthmatic children. Please see the first aid person to be sure.

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## **STUDENT INFORMATION:** (Last, first)

**Student 1 Name** \_\_\_\_\_, \_\_\_\_\_ **SEX:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Medical Info (note any allergies): \_\_\_\_\_

Other Info: \_\_\_\_\_

**Student 2 Name** \_\_\_\_\_, \_\_\_\_\_ **SEX:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Medical Info (note any allergies): \_\_\_\_\_

Other Info: \_\_\_\_\_

**Student 3 Name** \_\_\_\_\_, \_\_\_\_\_ **SEX:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Medical Info (note any allergies): \_\_\_\_\_

Other Info: \_\_\_\_\_

**Student 4 Name** \_\_\_\_\_, \_\_\_\_\_ **SEX:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Medical Info (note any allergies): \_\_\_\_\_

Other Info: \_\_\_\_\_

**Student 5 Name** \_\_\_\_\_, \_\_\_\_\_ **SEX:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Medical Info (note any allergies): \_\_\_\_\_

Other Info: \_\_\_\_\_

**Student 6 Name** \_\_\_\_\_, \_\_\_\_\_ **SEX:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Medical Info (note any allergies): \_\_\_\_\_

Other Info: \_\_\_\_\_

## **EMERGENCY CONTACT INFO:** (please list one non-family member in case we cannot reach either parent)

\*Mother's Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

\*Father's Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

\*Other's Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

# 10 COMMANDMENTS

HOMESCHOOL CHRISTIAN YOUTH ASSOCIATION



## RULES TO PLAY BY!

**STUDENTS AND PARENTS MUST READ & SIGN BEFORE STUDENTS PARTICIPATE!!**

1. **PRIVILEGE:** HCYA admits homeschool students of any race, color, national and ethnic origin to its programs. It does not discriminate on the basis of any of these in administration of its educational, admissions or scholarship programs. Sports Day is an activity graciously presented by homeschooling volunteer staff for the benefit of other home schooling families. Participation is reserved for those who are legally homeschooling their children under the laws of the state of Texas and respect HCYA's services and leaders/volunteers.
2. **REGISTRATION:** Upon arriving at the facility, go directly to the registration area. No student (including staff children) will be allowed to participate without having his hand stamped to show he has checked in and paid all fees. You must attend the activity that you have signed-up for according to your age as of September 1st of the current school year unless PRIOR permission has been given by the director. A birthday during the school year does not mean the child moves to a new age group **If you are arriving late:** Go to the registration area and sign-up. DO NOT proceed to the activities area until you have registered, paid, and had your hand stamped. Reminder: each new school year, the \$20 HCYA Membership fee is paid.
3. **ELECTRONICS:** Please have your children leave all cell phones and electronic devices in backpacks or purses – not pockets, for safety reasons. Video Arcade is OFF LIMITS!
4. **GAME CALLS:** All game rules will be established by the assigned coach or LAT for that activity. Please abide by their rules and decisions made during the games.
5. **BEHAVIOR:** Bad language; disrespect/name calling/bullying of coaches or other students; fighting; intentional damage to equipment or facilities; roaming through, or off, the facilities; smoking; or general misbehavior will not be tolerated.

NO public display of affection allowed.

Students will conduct themselves in a safe manner while participating in all sport activities. Weapons should be left at home – including pocket knives. No student will take actions which may endanger their safety or the safety of others.

Rebellion or defiance towards authority WILL NOT BE TOLERATED! We have a 3 strike rule. Parents will be notified after the 2nd strike. **NOTE:** Dismissal of a student at any time is at the discretion of the directors.

There are instances in which kids will be kids, and some kids are more competitive than others... this usually causes a disruption of a game. The assigned coach or teen staff member has the authority to hand out physical fitness punishments such as, push-ups, sit-ups, jumping jacks, etc... after the third offense, the child will be asked to sit out the rest of that game or period. If the behavior continues throughout the day, the parent will be notified by a director either by phone or email.

6. **DON'T WANDER:** When the period is over, move directly to your next activity or skill session. Stay in HCYA activity area only. Do not enter any OFF LIMITS areas or leave the campus. Violations will be dealt with severely! The parking lot where cars are parked is off limits during Sports Day. Loitering in restrooms or outside is prohibited.

# 10 COMMANDMENTS

7. **CLOTHING:** An HCYA t-shirt (this includes volleyball or other HCYA competitive sports shirt) MUST be worn and visible during each session. Do not alter the look of the shirt by cutting or decorating it. If, for any reason, you are unable to wear your shirt, you must rent a shirt for that day at the main registration table. Only tennis shoes may be worn – no sandals or street shoes or boots or Heeley’s. Please avoid black soled shoes, as they leave marks on the court. PLEASE LEAVE ALL JEWELRY AT HOME, for safety reasons, including watches, earrings, bracelets, necklaces. No tight shorts, spandex shorts, “bicycle” shorts, or “soffe-type” shorts. Leggings or spandex exercise pants must be worn with shorts over them. All shorts are required to have at least a 4” inseam. Please, use modesty in your choice of clothing. If you question it, please don’t wear it. Please follow the “spirit of the law” here...our goal is modesty. The point is to not draw unnecessary attention to yourself. The director’s decision regarding dress code is final.
8. **FOOD/DRINK:** No food or beverages on courts. No gum at any time by anyone on the facility grounds. Throw away your trash. You may bring a water from home, but be advised, any bottles left behind may be thrown away. Please put your name on drink bottles. If your child requires a snack break, please speak to a director prior to Sports Day.
9. **ACCIDENTS:** If you are hurt, tell your coach immediately! Do not leave the field or court without the coach’s knowledge and without an escort as directed by your coach.
10. **DISTRIBUTION OF LITERATURE:** Distribution of literature, except by the leadership in HCYA, is prohibited without prior permission from the director ahead of time.

*We, the parents, of the students we registered, have reviewed the **10 COMMANDMENTS** for HCYA Sports Day with our children. We agree that our family supports the goals of HCYA and we agree to follow the rules of HCYA. We understand that HCYA reserves the right to expel my child(ren) for serious or repeated violations. We certify that we are legally homeschooling according to Texas law.*

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*Parents, if your child has applied to be an LAT, please have them read and sign this document as well.

\_\_\_\_\_  
LAT Applicant Name (please print)

\_\_\_\_\_  
LAT Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LAT Applicant Name (please print)

\_\_\_\_\_  
LAT Applicant Signature

\_\_\_\_\_  
Date