ADMINISTRATIVE USE ONLY	
CHECK RCV'D BY	DATE
CHECK AMT	CHECK #

TEAM SPORT INFORMATION AND REGISTRATION

NAME _____ BIRTHDATE _____ AGE _____

HOME ADDRESS _____ ZIP CODE _____ GRADE _____

PARENT/GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

PARENT/GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

❍ Registration Fee ❍ Fall Soccer ❍ Spring Soccer ❍ Basketball

WAIVER AND INDEMNIFICATION

As a participant in the Sabot at Stony Point Athletic Program, I agree to abide by the rules and procedures as approved through the Rules and Regulations of Sabot at Stony Point. As a participant, I shall uphold the high standards of Sabot at Stony Point and shall never do anything to damage the reputation of the School. I understand and agree that Sabot at Stony Point and/or any of its officials, affiliates or sponsors are not responsible for any injury, damage, or loss resulting from any accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract may result in the immediate termination of my participation in the athletic program.

PRIVACY POLICY

By providing Sabot at Stony Point with your personal information on this enrollment form you are giving consent to Sabot at Stony Point to collect and use your personal information for the purposes as set out in the Sabot at Stony Point Policy.

APPLICANT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

SABOT AT STONY POINT

3400 Stony Point Road
Richmond, VA 23235
(804) 272-1341
(804) 560-9255 fax

sabotatstonypoint.org