



## 2020 REGISTRATION FORM

**Club Registration:** \$130 before February 7th, \$150 after February 7th. Return form to [siriusathletics@gmail.com](mailto:siriusathletics@gmail.com)  
Pay via Venmo: @SiriusAthletics or write check to Sirius Athletics and mail to: 180 Best Dr., Athens, GA 30606  
*Registration fees cover meet entry fees, uniform, equipment and facilities cost, coaches certification and club administration fees.*

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_

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

County: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_

Cell/Primary Telephone #: \_\_\_\_\_ Secondary Telephone #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Uniform Size

Shirt:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large

Shorts/Tights:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large

*I do hereby understand the terms of enrollment for my child and assume all risk and hazards/incidents to such participation, including transportation to/from said activities. I waive, release, absolve, indemnify, and agree to hold harmless Sirius Athletics and affiliated associations, leagues, the organizers, supervisors, sponsors, officers, directors, coaches, participants, and persons transporting, participants to/from such activities from any claim rising out of injury.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Fundraising programs and limited financial aid available. Please contact Rachel Hopkins at: [siriusathletics@gmail.com](mailto:siriusathletics@gmail.com) for more information.*

Please read the PARENT & ATHLETE CONTRACT on page 3 and sign below if you agree to it's terms.

Print Name (parent): \_\_\_\_\_ Print Name (athlete): \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RELEASE FOR MEDICAL TREATMENT**

The following is a release for medical treatment for your child. This form gives Sirius Athletics permission to seek medical treatment for your child if he/she is injured and you cannot be contacted. However, the staff, or designated person(s), the doctor's office, and the hospital staff (if necessary) will make every conceivable attempt to contact you.

I, \_\_\_\_\_ authorize the Sirius Athletic's staff to seek medical treatment  
Print Parent's/Guardian's Name  
for my child, \_\_\_\_\_ in the event that I cannot be reached, or the situation  
Print Child's Name  
requires immediate attention.

Doctor's Name: \_\_\_\_\_ Office #: \_\_\_\_\_

Primary Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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**VOLUNTARY PHOTO RELEASE FORM**

I \_\_\_\_\_, am the parent/legal guardian of  
\_\_\_\_\_.

I freely give Sirius Athletics the right and permission to use my child's photograph. I understand that these images might be used for the exclusive and only use of Sirius Athletics in their print media publications, their advertisements, online (including the Sirius Athletics website) and in any other format that Sirius Athletics chooses.

I release the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I certify that I am 18 years of age or older.

**I have read this release and approve of its terms.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## **PARENT AND ATHLETE CONTRACT**

All parents and athletes must agree to and abide by this Athletic Contract when registering for any Sirius Athletics program. As parents, we are in a responsible position to influence the development of our youth by acting as positive role models on and off the track. As athletes, we are responsible to play by the rules and to respect our coaches, the players on our own team as well as those we compete against.

### **Parents Agree To:**

- Place the well being of the child before a personal desire to win in order to ensure a child has the best athletic experience possible.
- Inform the coach of any physical disability or ailment that may affect the safety of the child or the safety of others.
- Be a positive role model and encourage good sportsmanship by showing respect and courtesy.
- Support all players, coaches and officials at every meet and practice.
- Refrain from engaging in any kind of unsportsmanlike conduct with any official, coach, player or parent
- Never engage in yelling at children/participants for making a mistake or losing a competition.
- Advocate for an environment that is free of drugs, tobacco, alcohol and abusive language.
- Encourage children to play by the rules, respect the rights of other players, coaches, fans and officials.
- Be respectful of officials and coach's decisions.
- Address parental concerns by speaking with coaches in an appropriate manner including proper time and place.

### **Players Agree To:**

- Conduct myself in a manner that reflects good sportsmanship at all times.
- Refrain from hazing, taunting or physical confrontations with opponents and teammates.
- Attend all practices and meets as scheduled unless resolved by the coaching staff.
- Practice hard and work to the best of my ability at all times.
- Refrain from using profanity, drugs, alcohol or tobacco.
- Treat my coaches, teammates and opponents with respect.
- Follow all team rules and regulations.
- Refrain from actions, which would bring discredit to my team, my family, my school and myself.
- Maintain my academic eligibility.