

HALO Registration

Name of Participant: _____ Date of Birth _____
Father's Name: _____ Employer _____
Mother's Name: _____ Employer _____
Street Address _____
City, Zip _____
Home Phone: _____ Work Phone: _____
Father's Cell: _____ Player Cell: _____
Mother's Cell: _____ Alternate Number: _____
Parent's email _____
Players' email _____

PLAYER INFORMATION

Weight: _____ Height: _____ Shirt size: _____ Waist size: _____
Participation in other sports: _____

Please list any sports/events, which may affect participation during the upcoming season?

Dates/times _____
Dates/times _____

ELIGIBILITY

In order to participate in the HALO Athletics program, participants must meet the following requirements:

- Participant must not turn 19 years of age prior to September 1st. Participant must be home schooled or attending a university style home school program.
- Participant must not have completed all high school graduation requirements or received a GED. Participants must be in the care of a responsible adult and legal guardian responsible for their home school education
- Participants may not attend college full-time, unless part of a joint enrollment program. Joint enrolled students, please list all high school classes being taken:

- Participants may not be employed full time (40 Hours/week).
- Participants must maintain compliance with their school's attendance policy or comply with Georgia regulations for home school students.
- Participant is non eligible if attending: alternative schools, night school, trade school, business school, or public school regulated program.

INSURANCE

Part of your registration will pay for insurance but this is above and beyond you individual policy. In case of an emergency we need the following information:

Insurance Company: _____

Name of insured: _____

Policy No: _____

Member No. _____

Phone Number for insurance company: _____

HOME SCHOOLERS

How long have you home schooled? _____ If participant has been home schooled under 2 years, why did you choose to home school?

SAFETY CONCERNS

Our mission is to build Godly men and women through our program. HALO Athletics is a Christian organization and we want to provide a positive, safe, nurturing environment for our participants. In doing so, we need to be aware of any and all issues which could pose a negative influence on other participants. Please answer the following questions; feel free to go into as much detail as you feel necessary. Your answers will be reviewed by the board members and kept confidential. You may offer further explanations during the personal interview, if this is necessary. Students that have been expelled from a public or private school may not participate as a HALO player for one year from the time of expulsion. Exceptions may be made under extraordinary circumstances, and must be approved by the Board of Directors.

Has your child been expelled from school within the past 2 years? _____ If yes, please explain circumstances:

Does your child have a police record or are they currently on parole or house arrest? _____ If yes, please explain circumstances:

I do hereby agree to abide by the HALO Code of Conduct, and will adhere to the rules and punishments therein. By my signature below I certify that I may be held accountable to those rules, as I have been made aware of them.

Signatures: Father's _____

Mother's _____

Participant's signature _____

In determining participation in HALO programs for all students/athletes multiple factors are considered. These factors include, but are not limited to, academics, conduct history, reference checks, and parental attitude and support. HALO reserves the right to deny any athlete/student at any time for any reason and is not obligated to disclose the reasons for the denial.

**HALO ATHLETICS WAIVER/RELEASE
AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

In Consideration of being allowed to participate in any way in the HALO Athletics Program, in any related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for minor, major or life threatening injuries, while particular rules, equipment, and personal discipline may aid in reducing the risk, the potential risk of serious and life threatening injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for participation; and,
3. I willing agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participations and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin HEREBY RELEASE AND HOLD HARMLESS HALO Athletics Program, HALO Coaches and Board of Directors, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct any event or practice, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, LIFE THREAT, or the loss of damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEE OR OTHERWISE.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Participant's signature

Date Signed

FOR PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant do consent to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release, agree to indemnify and hold harmless the above Releases from any and all liabilities incident of my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent/guardian's signature

Date Signed

EMERGENCY NAME & PHONE NUMBER:
