

**Frontier School of Excellence**  
**Spring 2015 High School Athletics**  
**Track and Field (Boys and Girls)**  
**Activity Fee: \$50**



**Frontier School of Excellence**  
**5605 Troost Ave**  
**Kansas City, MO 64110**  
**(816) 822-1331**

**Athletic Director: Shanea Miles**  
**(816) 822-1331 ext. 137**  
**smiles@frontierschools.org**



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Please check one:     Track and Field (co-ed)

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent(s) Guardian(s) Full Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Parent(s) Guardian(s) Work: \_\_\_\_\_

Parent(s) Guardian(s) Cell: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Parent(s) Guardian(s) Full Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Parent(s) Guardian(s) Work: \_\_\_\_\_

Parent(s) Guardian(s) Cell: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

**Emergency Contact- Person who can answer on your behalf for your child in case of an emergency.**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does your student have health concerns?    Yes                       No

If yes, please explain. \_\_\_\_\_

I give permission for my child to participate in the sports program listed. I/we understand all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and hold harmless Frontier Schools and the school from any claim arising out of any injury to my child.

Parent Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**(Please complete the front and back of this form)**

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I hereby grant permission for my child's name and/or photograph to be taken during a Frontier Schools athletic event. These photographs may be used by the Frontier School District for publicity purposes including Frontier Athletic brochures, web page, sport game programs, District reports or news releases at the discretion of Frontier School District Administration.

Parent Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Uniform Sizes:**

**Shirt:**  Adult Small  Adult Medium  Adult Large  Adult X-Large

Other (specify): \_\_\_\_\_

**Shorts/Pants:**  Adult Small  Adult Medium  Adult Large  Adult X-Large

Other (specify): \_\_\_\_\_

**Health Physicals:**

A health physical must be on file with the school prior to the student participating in any Frontier Schools athletic program (including clinics, practices, games, and tournaments). Only physician certified medical physicals will be accepted. Health physicals on file are valid up to one year from the original date.

**Please include activity fee payment with this form: One form and payment per student per sport**

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Credit Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Drop Off at Front Office or Mail To:**

**Frontier School of Excellence 5605 Troost Ave, Kansas City, MO 64110**