



Our Color Guard program is open to students currently ages 12 through 18. (as of 5/31/19) Grades 6-12. No experience is necessary to participate in Color Guard. Color Guard will perform at our basketball games. Additional performances to be scheduled.

Coach: Coach Michelle Wolford - msshellie123@gmail.com

Team Manager: TBA

Inspire Athletic Director: Kristy Short - athletics.inspirehsa@gmail.com

Inspire Homeschool Academy: 678-675-7240

Cost: \$350 per year, includes uniform, t-shirt, rental of flags. Can be broken into 2 payments, 1st payment due with registration, balance due August 1st. Min 1st payment \$200. Please add \$10 convenience charge if breaking up payments.

Registration Deadline Due: July 15

Registration Event:

Forms may be dropped off in person - Monday, June 10th, 17th, & 24th and July 1st & 15th from 10 am to 12 noon at Lost Mountain Park, 4845 Dallas Hwy, Powder Springs. We will be in the big covered pavilion when you first enter the park on the right, next to the playground. You can park on the left.

Or scanned and emailed to - inspirehsa@gmail.com and payment made via credit card. An invoice will be sent once your registration for is received. Please note if you are paying in full or making two payments.

Try-Outs: There are no try-outs. All who register will make the team. No experience is necessary.

Practices Held: Practices Held: August - Tuesdays, 10 am to 12 noon at Lost Mountain Park, Powder Springs, Starting September, Tuesday Afternoon, after Inspire classes let out, time TBD

Mandatory Camp Week: M, T, Th, Fr (no practice Wed) – Aug 5, 6, 8, 9th, 10 am to 12 noon at Lost Mountain Park, Powder Springs (Subject to slight change)

Uniform Fitting: Monday, Aug 5, 10am at first day of camp

Games: First game - Basketball season starts in Sept 30th.





INSPIRE HOMESCHOOL ACADEMY 2019 COLOR GUARD PARTICIPANT INFORMATION FORM

Student's Name: _____

Name student prefers to be called by (if any): _____ Sex: Male Female

Street Address: _____ City: _____ Zip: _____

Home Phone: _____

Student's Date of Birth: _____ Student's 2019-2020 Grade: _____

Parents Names: _____

Mom Cell: _____ Dad Cell: _____

Parent's E-mail address that is checked regularly: _____

Student's Email address that is checked regularly: _____

Does your child currently attend Inspire Homeschool Academy? Yes ___ No ___

Do you plan on attending/applying to Inspire for fall of current school year? ___ Yes ___ No

Are there any medical, mental, emotional, social, or academic issues of which we should be aware? If so, please list.

Allergies: _____

Does your child require the use of an Epi-Pen? _____ If so, Anaphylaxis Action Plan MUST be filled out and kept on file.

Emergency Contact (other than parent) Name: _____ Number: _____

Relationship to child/parent: _____

Does your child have any experience in color guard? If so, please tell us about it. (note: experience is not necessary) _____

I have attached:

- \$350 Registration/Uniform Fee (Cash/Check/CC) – can be broken up into 2 payments/please add \$10 convenience charge
- Non-Inspire Students Only - Include a \$50 Administration Fee
- Release of Liability for Minor Participants in Sports Form
- Copy of Health Insurance Card (front and back) *
- Copy of Birth Certificate *
- Copy of Most Recent Report Card/Transcript *
- Copy of your most recent Letter of Intent/DOI* (updated/school yr 2019-2020 will be required when DOI renewed in Sept)
- Sport Exam and Medical Release* – Due by July 15th (First Practice/Camp)

Items with a * may be handed in to Team Manager at first practice/camp.



INSPIRE HOMESCHOOL ACADEMY RELEASE OF LIABILITY FOR MINOR PARTICIPANTS IN SPORTS

READ BEFORE SIGNING

IN CONSIDERATION OF (minor child's name) _____, my child/ward, being allowed to participate in any way in the (sport) _____ related events and activities with Inspire Homeschool Academy, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

- FOR MYSELF, SPOUSE, AND CHILD, 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 my child's participation; and,
- I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
- I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Inspire Homeschool Academy; its owners, directors, officers, officials, agents, employees, contractors, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.
- In case of a medical emergency, I hereby give permission to Inspire Homeschool Academy Staff, Coaches, Trainers and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Inspire Homeschool Academy Staff and Volunteers to disclose the information contained on his/her forms to medical personnel. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. Inspire Homeschool Academy also does not provide any medical or other insurance protection or benefits for those who participate in their sports program.
- Insurance Waiver - I understand that my child must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as a student in the Inspire Homeschool Academy sports program during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year.

Name of Insurance Company _____

Address of Insurance Company _____

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

(DATE SIGNED)

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(STUDENT PARTICIPANT SIGNATURE)

(PRINT NAME)

(DATE SIGNED)