

2014-15 Ultimate Frisbee Registration Form - Grades 3-8

Please register my student for the 2014-15 Three Cedars Waldorf School Year-long Ultimate Frisbee Program.

- ☐ I hereby authorize my student to walk to Wilburton Park to participate in the Ultimate Frisbee program.
- ☐ I acknowledge that it is my responsibility to pick up my student on **Three Cedars Campus no later than 5:30 pm.** on Wednesdays, unless they are registered for after school care.

Practice Schedule

Wednesdays, 3:30 – 5:00 pm, Wilburton Park

Game Schedule

Weekends, Dates and Time TBA

Please complete and return the following documents to the office **by Tuesday September 9**

- ☐ Registration form – page 1
- ☐ Waiver – page 2
- ☐ Payment of the **\$200 registration and program fee** (All inclusive of practices, tournaments, equipment, and jerseys)

Withdrawals from Ultimate & Refunds

Refunds are granted as follows:

- Withdrawals before January 15 - \$100 refund
- Withdrawals after January 15 – no refund

Please enclose the full \$200 payment for the Ultimate program

- ☐ Cash ☐ Check # _____ payable to TCWS
- ☐ I acknowledge that I understand that the information included in the DiscNW Concussion Information sheet available on our website and distributed to Ultimate players also applies to TCWS. I acknowledge that I have received, read, and signed the DiscNW Concussion Information Sheet.

Student's Name

Grade

Parent's Name

Date

To register, please return completed forms to:

Three Cedars Waldorf School

Attention: Ultimate Frisbee Registration

556 – 124th Avenue NE Bellevue, WA 98005

TCWS – Ultimate Frisbee - Waiver

I, the undersigned, agree to release, defend, hold harmless and indemnify Three Cedars Waldorf School, its directors, agents, and employees, (“the Releasees”), including, but not limited to, its officers, employees, and instructors, from all actions, causes of action, damages, claims or demands of negligence, except those of gross negligence and/or intentional or reckless wrongdoing, which the undersigned or any successor may have against the Releasees, for all personal injuries, property damage, or other types of loss or damage of any kind, whether or not presently known or contemplated, which may be incurred by the student during this activity.

The undersigned acknowledges having read this Waiver and understands all of its terms and significance, that he/she has legal authority to provide consent for the student named below, and that this Waiver is executed voluntarily for the purpose of broadening the educational experience of the below-named student.

Participant Name and Grade: _____

Parent Name (please print): _____

Parent Signature and Date: _____