

St. Constance School Sports Association – 2015/16 Sports Registration Form

Please circle sport you are registering for: Soccer, Basketball, Volleyball

Check grade for Fall of 2015: \_\_\_4<sup>th</sup> \_\_\_5th \_\_\_6th \_\_\_7th \_\_\_8th \_\_\_ boy \_\_\_ girl

Athlete's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home phone #: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

**Medical Authorization**

I/we the undersigned as parent(s)/legal guardian of \_\_\_\_\_ hereby give my/our consent and authority to any licensed medical care facility and its/their physicians, nurses and medical staff to render emergency medical care and treatment to my/our child/ward named above for any and all injuries he/she may sustain during the season as a result of his/her participation in the St. Constance School Sports Association sports program.

I/we have read the above and agree to its provisions. Date: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Medical Insurance Company and Policy # \_\_\_\_\_

Policyholder's name: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Is your child taking any medications, has any allergies or important medical conditions? \_\_\_Yes \_\_\_No

If yes, please list and/or explain: \_\_\_\_\_

In case of emergency the parent /guardian will be notified. Please list two (2) other people to notify in case of an emergency and the parent/guardian cannot be reached.

Name	Phone #	Relationship

**HOLD HARMLESS AGREEMENT**

I/we the parents/guardian of the above child do give consent and approval for his/her participation in any and all activities of the St. Constance School Sports Association during the current season. In consideration of our child's acceptance in said activities, I/we do hereby agree to indemnify and hold harmless St. Constance Sports Association, its directors, officers, managers, coaches and agents of St. Constance Church and School, without regard to any negligence on their part against any claim for damages, injuries, or losses sustained as a result of his/her participation in any activities of the St. Constance School Sports Association.

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

**For office use only.**

Registration Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Initials: \_\_\_\_\_  
Fund Raising Fee Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Initials: \_\_\_\_\_