



Saint Joseph School

DIOCESAN ATHLETIC INTERSCHOLASTIC PROGRAM REGISTRATION FORM

PART I - GENERAL INFORMATION

DATE _____

CHILD'S NAME _____ SEX: M _____ F _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

GRADE _____ AGE _____ DATE OF BIRTH _____ HOME PHONE _____

MOTHER'S WORK # _____ FATHER'S WORK # _____

MOTHER'S CELL # _____ FATHER'S CELL # _____

E-MAIL ADDRESS _____

ADDITIONAL EMERGENCY CONTACT PERSON _____

RELATIONSHIP _____ PHONE _____

ALLERGIES AND OTHER MEDICAL CONCERNS _____

SPORT STUDENT IS REGISTERING FOR _____

SHIRT SIZE _____ SHORTS SIZE _____

*** REGISTRATION FEES FOR EACH SPORT INCLUDE THE \$4.00 DIOCESAN FEE.

FOOTBALL	\$110.00	BASKETBALL	\$50.00
SOCCER	\$45.00		
CHEERLEADING	\$25.00	VOLLEYBALL	\$45.00
CROSS COUNTRY	\$30.00		

CCD STUDENT ELIGIBILITY

This student is an active member of (Name of Parish) _____ CCD Program.
He/She will be participating ALL YEAR in the CCD Program

Signature of Parent/Legal Guardian: _____

*** NOTE: COACHES MUST HAVE A COPY OF THIS REGISTRATION FORM FOR EACH ATHLETE AND SHOULD KEEP IT ON HAND FOR ALL GAMES AND PRACTICES. A COPY OF THIS FORM FOR EACH ATHLETE MUST BE ON FILE IN THE PRINCIPAL'S OFFICE BEFORE HE/SHE MAY PARTICIPATE IN ANY FORM OF DIOCESAN INTERSCHOLASTIC ATHLETIC PROGRAM.



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PLEASE READ AND SIGN THE FOLLOWING

PART II – PHYSICIAN’S CERTIFICATE

I hereby certify that _____ has been examined by me and found physically fit to engage in all Diocesan Interscholastic Athletics for the year 2016-2017.

DATE _____ PHYSICIAN’S SIGNATURE _____

*** AFTER YOUR PHYSICIAN SIGNS THE PHYSICIAN’S CERTIFICATE FORM, PLEASE MAKE A COPY FOR EACH SPORT YOUR CHILD WILL BE PARTICIPATING IN FOR THE SCHOOL YEAR

PART III – MEDICAL INSURANCE

MEDICAL INSURANCE COMPANY _____

POLICY AND/OR GROUP NUMBER(S) _____

PART IV – PARENT CONSENT STATEMENT

I, _____, certify this request and give permission for my child, _____, to engage in the Diocesan Interscholastic Athletic program. I release participating school’s coaches, Knights of Columbus, and the Diocese of Nashville and their Representatives from any and all liability and further waive any and all present and subsequent claims against said parties.

PART V – UNIFORM AGREEMENT

I agree to properly maintain any uniform/equipment and make certain all items assigned to my child are promptly returned at the end of the sports season. I agree to pay for the replacement of this uniform/equipment if it is lost, damaged, or destroyed (other than normal wear).

Signature of Parent/Legal Guardian: _____

PART VI – PARENTAL CONSENT TO TREATMENT

I, _____ as Parent/Legal Guardian of _____ Authorize a representative of St. Joseph School’s Sports Association to seek medical treatment in the event I am not present or available.