St. James School Athletics Registration Form 2009-2010

A new form must be submitted each school year to the office prior to the first day of practice

Circle the sports you are interested in joining:

Girls' Volleyball Girls' Basketball Cheerleading Boys' Basketball Boys' Volleyball

General Information **PLEASE PRINT** **Shirt Size** S M L XL XXL

Student's Name: _____ Grade: _____
Last First

Address: _____

Parent's Name: _____ Phone: _____ Email:_____

Work Phone (Father): _____ Work Phone (Mother): _____

Cell Phone (Father) _____ Cell Phone (Mother): _____

In Emergency Call _____
(If Mother/Father/Guardian not available) (name and relationship) Phone number Cell Phone

Student's Date of Birth: _____ Date of Last Physical: _____

Family Physician: _____ Physician Phone: _____

Parent Permission and Release For Emergency Treatment

I hereby grant permission for my child to participate in the St. James School Athletic Program.

I understand and accept the fact that it is my responsibility as a parent to either provide or arrange transportation for my child or children to and from school and away locations for practice sessions and games.

In the event of the need for emergency treatment and the parents or designated physician cannot be reached, it is necessary to have, in advance, the parental permission to transport the athlete to a medical facility for treatment.

YES, I GRANT SUCH PERMISSION _____ DATE: _____
(Parent signature)

INSURANCE

We advise all athletes to be adequately covered by hospitalization insurance. Your signature on this form indicates that you will accept financial responsibility in case of injury to your child sustained in connection with these activities.

PARENT SIGNATURE: _____ DATE: _____

RESULT OF PHYSICAL EXAMINATION
PHYSICAL IS VALID FOR ONE CALENDAR YEAR *ONLY*

I have examined this student on this date and find him/her to be physically fit for athletic program participation.

_____, M.D. _____
Physician's signature or stamp is required Date of Physical Examination

Paid Athletic Fee of $ 40.00 _____ Check # _____ Cash _____ Date _____