

ST. AGNES ATHLETIC ASSOCIATION FALL/WINTER SPORTS REGISTRATION FORM

ATHLETE'S NAME: _____ GRADE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ DATE OF BIRTH: _____

MY CHILD IS A REGISTERED STUDENT IN: _____ St. Agnes School _____ St. Agnes RE Program
Football Satellite Schools: _____ St. Liborius School _____ St. Liborius RE Program
 _____ St. Lawrence O'Toole School _____ St. Lawrence O'Toole RE Program

NAME OF YOUR PARISH: _____

MOTHER'S NAME: _____ CELL PHONE #: _____

FATHER'S NAME: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT	PHONE	PHYSICIAN'S NAME	PHONE

NOTICE OF HEALTH CONDITIONS: List any health conditions that the coach should be aware of:

I/We give permission to St. Agnes Catholic School to use my child's picture in the St. Agnes Parish bulletin, St. Agnes web page, and newspaper. _____ Yes _____ No

DISCLAIMER: Having been informed of the organization of the Saint Agnes Athletic Association to provide supervised games for boys and girls, I/We, the parents of the above named child/children hereby give my approval to his/her participation in any and all activities during the current season. I/We assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities; and I/We do further hereby release, absolve and indemnify and hold harmless Saint Agnes Athletic Association, the organizers, sponsors and the supervisors any of all of them. In case of injury to my/our son/daughter, I/We hereby waive all claims against the organizers, sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son/daughter to or from the activities.

SIGNATURE OF PARENT or GUARDIAN: _____

VOLUNTEER COMMITMENT: The Saint Agnes Athletic Association requires participation by all parents to help make our programs successful. Every family is required to participate in fundraising activities which includes raffle ticket and concession stand sales. Family members working concession stands must be at least 18 years of age. You will be contacted at a later date regarding the volunteer schedule. An additional fee will be charged to those families that do not participate.

I AM INTERESTED IN: _____ Coach _____ Assistant Coach _____ Team Parent

Fall Sports Registration: _____ Football - \$75.00 _____ Girls Basketball - \$75.00 _____ Cheerleading - \$45.00 _____ Raffle Ticket Book Fee - \$40.00 (one per family – Fall Sports Only)

Winter Sports Registration: _____ Boys Basketball - \$75.00 _____ Girls Volleyball - \$75.00

Total Amount Due - \$ _____

(Participation Release Form Must Be Completed)

To Be Completed by Athletics:

Date Registered _____ Amount Received \$ _____ Check # _____ Cash _____

Raffle Ticket Book No. _____

Initials _____

ARCHDIOCESE OF CHICAGO
Minor Child Athletic Participation Release Form

Minor Child Name: _____

Address: _____

Parent/Guardian Name: _____

Home Phone #: (_____) _____ Work Phone #(_____) _____

Important Information

The Catholic Bishop of Chicago (CBC) and St. Agnes (Parish) are committed to conducting athletic programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants and parents registering their children in athletic programs must recognize however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish insist participants follow safety rules and instructions, which have been designed to protect your safety.

Please recognize that the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Therefore; each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the (CBC) or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining medical accident insurance, the CBC and the Parish requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child for participation in this program you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of this program.

Programs: Boys & Girls Basketball, Football, Girls Volleyball, Cheerleading

As the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims; my minor child or I may have, as a result of participating in the program, against the CBC, the Parish and their agents, servants and employees.

I do hereby fully release and discharge the CBC, the Parish and their officers, agents, servants, and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child or arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the CBC or Parish officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above program details:

(Parent/Guardian Signature)

(Date)