

ST. MARY PARISH FAMILY SPORTS REGISTRATION, CONSENT, AND WAIVER FORM

A Registration Fee of \$40 for intramural teams (Grades K-3rd) and \$75.00 for all other teams MUST accompany this form.

My child and I are aware that participation in _____ at **St. Mary School** is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other risk conditions.

I understand this informed consent form and hereby waive, release, and forever discharge any and all claims against **St. Mary School**, its administrators, employees, volunteers, or agents, **St Mary Parish**, its pastor and priests, employees, volunteers or agents, as well as the **Diocese of Camden** and the **Bishop of the Diocese of Camden**, for damages and/or injuries to the undersigned which may arise from participation in this sport and in consideration of maintaining this sports program and allowing my child to participate in same, I do hereby covenant, promise and agree to indemnify and hold harmless the **School** and the **Diocese of Camden** and all of the administrators, employees, volunteers and agents of both from and against any claim or claims brought by and/or upon behalf of my child or by and/or upon behalf of any other person arising out and and/or in any way connected with participation in this sport.

Child's Name _____ School _____

Current Grade _____ Date of Birth _____ Parish _____

Have you played this sport on a team before? _____

Where? _____

For how many seasons have you played this sport? _____

Child's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I hereby give my permission for _____ to participate in

_____ at **St. Mary School** during the season beginning _____.

As parent/guardian, I do hereby authorize the treatment of my child by qualified medical personnel in an emergency situation. I grant this authority only when I cannot be reached through a reasonable effort, or when any delay of treatment could endanger my child's life, cause disfigurement, physical impairment or undue discomfort.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Address _____

_____ Phone _____

Email Address _____

Parents' Work Phone: Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Person To Contact in Emergency _____

Phone _____

Family Physician's Name _____

Pre-existing medical conditions of child/participant (e.g., allergies, chronic illness, etc.):

_____ **Asthma** _____ **Seizures** _____ **Diabetes** _____ **Heart Murmur** _____ **Allergies**

Other: _____

Shirt Size: Please Circle One

Youth S	Youth M	Youth L	Youth XL
Adult S	Adult M	Adult L	Adult XL

Parental Support

We ask for active participation of all parents in our program(s).
Please circle area(s) in which you would be willing to help. Thank you.

Coach Asst. Coach Concessions Team Parent