

# ST. MARY SCHOOL SPORTS REGISTRATION, CONSENT, AND WAIVER FORM

**A Registration Fee of \$60.00 for intramural basketball (K-3), cheer (K-2), soccer (K-3), and track (K-2). A Registration Fee of \$125.00 for all other teams. Registration Fee 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 \_\_\_\_\_

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