

Saint Richard Catholic Church Athletic Registration Year

Football
Cheerleading
Basketball
Volleyball

PARENTAL PERMISSION AND RELEASE OF LIABILITY FOR ATHLETICS

Player's Name	School
Age	Date of Birth
Address	
Parent/Guardian	
Address	
Telephone: Home	Work
Cell	Text? Yes No
Email	
Parent/Guardian	
Address	
Telephone: Home	Work
Cell	Text? Yes No
Email	
Alternative Emergency Contact	
Telephone: Home	Work
Cell	
Doctor	
Telephone	

Parents or Guardians are advised to have the Player examined by a physician prior to engaging in St. Richard's athletics in order to identify any medical conditions. Please identify any allergies or other medical information or special physical needs of the player:

By the Parent or Guardian's signature below, they acknowledge that they have provided the Church Officials, the Athletic Director and coaching Staff of Saint Richard Church full disclosure of any physical condition of the Player requiring special accommodations at practice or in games. The undersigned Parent or Guardian hereby gives permission to the Church Officials, the Athletic Director and coaching Staff of Saint Richard Church to authorize the treatment of the Player in the event that the Parent or Guardian cannot be reached in an emergency. The Parent or Guardian further hereby give permission to the physician selected by the Church Officials, the Athletic Director and coaching Staff of Saint Richard Church to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the Player as named above. Furthermore, the Parent or Guardian agrees to hold harmless and completely release from all liability the Church Officials, the Athletic Director and coaching Staff of Saint Richard Church in case of any injury sustained by the Player.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

Registration Fee \$

Make Checks Payable to St. Richard Catholic Church