

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 _____ Grade _____

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