Sacred Heart Sports Application Form 2010 / 2011

THIS FORM MUST BE TURNED PRIOR TO THE FIRST DAY YOUR CHILD ATTENDS ANY PRACTICE OR OPEN GYM (EVEN IF JUST TRYING IT OUT) IT IS CRUCIAL THAT COACHES HAVE EMERGENCY CONTACT INFORMATION FROM THE VERY FIRST SESSION

You will need a copy of this form for each sport your child plays. Copies of the original are acceptable. Regardless if you have completed one for another sport, each coach must have an original or copy on **DAY ONE** of practice or open gym. **NO EXCEPTIONS!**

Last Name First Name DOB

Individuals participate in athletics at their own risk, with parents and/or guardians assuming responsibilities related if a minor is injured. Participation in athletics without medical insurance coverage is prohibited. Coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance programs.

In consideration of _____ (child's name) being allowed to participate in competitive sports, and intending to be legally bound, I do hereby release and forever discharge the Roman Catholic Diocese of Pittsburgh, the Bishop of the Diocese, Catholic Institute and Sacred Heart Elementary School of the City of Pittsburgh and/or the Sacred Heart Elementary School Athletic Association, their agents and their successors, from any/all actions or suits in law or equity which I/we might hereafter have, by reason of injuries sustained by my child participating in sports or in transit to or from participating in sports.

I have read the above and will comply. The athlete is covered under a health insurance plan.

Father/Guardian Signature (date) Mother/Guardian Signature (date)

EMERGENCY CONTACT INFORMATION: (how a coach could reach you if your child has an emergency):

Mother's name Phone Number(s)

Father's name Phone Number(s)

Email addresses for parent(s) or guardian: _____

Other emergency contact names and numbers: _____

Is your child taking any medications that you would like the coach to know about? Yes (Please list below) No

_____

Is there anything you would like the coach to know about your child's medical history? (You may choose not to answer)

Diabetes	Yes	No	
Asthma	Yes	No	
Seizures	Yes	No	
Allergies	Yes	No	If yes, what_____
Other	Please Explain		_____

Registration for: (please circle): Cross Country $50 Soccer $50 Volleyball $50

Basketball $75 (3-8); family discount 2 kids $110, 3 kids $150 K-2 Developmental Basketball Clinic $50

Amount paid _____ Check Number _____

If a uniform is issued to a student for a sport, it must be turned in at the end of the season or a fee will be assessed to cover the cost of the uniform