ST. JOSEPH CATHOLIC SCHOOL – WESTPHALIA
SPORTS PROGRAM REGISTRATION/MEDICAL AUTHORIZATION FORM

The St. Joseph Athletic Committee is interested in your son/daughter participating in the sports programs offered at St. Joseph School.

Parental volunteers are a necessity in making our sports program work. *All parent volunteers are required to complete the Diocesan Virtus Training.* Coaches are needed for each team. In addition, every parent is expected to work their scheduled work times in the concession stand, score table, or at the gate. If you cannot work, please find a replacement.

Registration days for each sport will be scheduled and communicated through the church bulletin & school newsletters. Please bring with you to the registration: 1) Registration/Medical Authorization Form (filled out), 2) Current Physical (covering entire time child will be involved in sports), and 3) Registration Fee - $10/child per activity, Archery-$30 Registration Fee. After all forms & fee have been collected, uniforms will be handed out.

REGISTRATION/MEDICAL AUTHORIZATION:

I hereby request that my child/ward ______________________________ be permitted to participate and represent St. Joseph School, Westphalia, Missouri, in the following school sponsored athletic events.

☐ Basketball

Grade (2015-2016): _____

I/we understand that there will be reasonable supervision of our child(ren). However, we recognize that participation may result in accidents or injuries involving my child/ward. I do not hold the school responsible for any accidents or injuries involving my child/ward during athletic practices, contests and/or transportation to or from such events. I hereby release and hold harmless the Diocese of Jefferson City, the diocesan superintendent of schools, the pastor, the principal, teachers, staff members, coaches, athletic aides and volunteers of St. Joseph School, Westphalia, Missouri, from any and all liability, actions, cause of actions, debts, claims or demands of every kind and nature whatsoever which may arise by my child/ward's participation in any activities related to the school's athletic program.

In the event of an accident and/or injury, every reasonable effort will be made to contact a parent/guardian for permission to treat the student. If I cannot be reached, I authorize the school's representatives to obtain such medical care as is reasonably necessary for the welfare of the student, if my child/ward is injured in the course of an athletic activity from any physician, licensed nurse practitioner, nurse and/or other emergency medical personnel at any hospital, clinic and/or emergency medical care facility. I also recognize my financial obligation to pay for such emergency medical care rendered to my child/ward in such a situation.

Primary Physician Name: ____ Phone #: ______________________

Preferred Hospital: ____ Phone #: ______________________

Persons to contact if parent(s)/guardian(s) are not available:

Name: ________________________________ Relationship: ____________ Phone #: ______________________

Name: ________________________________ Relationship: ____________ Phone #: ______________________

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Please bring with you to the registration.

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Is there any medical condition that you would like the coaches to be made aware of? If so, please list below:

____

____

______________________________ ____________ ______________________
Parent/Guardian Signature Date Relationship

______________ ______________________________ ______________________
Home Phone # Work Phone #(s) Cell Phone #(s)

Cell Phone # ______________________

____
Home Address (Street, Apt. #, City, State, Zip)

E-mail Address(s): ____

I AM INTERESTED IN COACHING VOLLEYBALL or ASSISTING:

☐ Yes ☐ Grade: _______

__________________________ ☐ Coach ☐ Assist E-mail Address: ______________________
Parent/Guardian Name

ATHLETIC COMMITTEE USE ONLY

☐ Registration/Authorization for Treatment Received ☐ Uniform Provided Uniform #: __________
☐ Current Physical Received.
☐ Registration Fee Received Amount: ____________ ☐ Check ☐ Cash

COMMENTS: ____

AC member initials ___________ Date: _________________

Revised: July 2015

Please bring with you to the registration.