

ST. ALOYSIUS SPORTS PARTICIPATION FORM
Registration, Consent, Medical Authorization, Acknowledgment, and Waiver

STUDENT'S NAME: _____ BIRTH DATE: _____ GRADE _____

MOTHER'S (GUARDIAN'S) NAME: _____

MOTHER'S E-MAIL ADDRESS (Most Checked): _____

PHONE: Home No. _____ Work No. _____ Cell No. _____

HOME ADDRESS: _____ Zip Code _____

FATHER'S (GUARDIAN'S) NAME: _____

FATHER'S E-MAIL ADDRESS (Most Checked): _____

PHONE: Home No. _____ Work No. _____ Cell No. _____

HOME ADDRESS: _____ Zip Code _____

HEALTH INSURANCE CO. _____ POLICY NO. _____

ALLERGY OR OTHER PHYSICAL CONDITION: _____

MEDICATION BEING TAKEN: _____

STUDENT'S DOCTOR'S NAME: _____ PHONE: _____

PERSON (NON-PARENT) TO CONTACT IN EVENT OF AN EMERGENCY:

NAME: _____ PHONE: _____

I, the undersigned, consent for my child, named above, to participate one or more of the following sports: boys football, girls volleyball, basketball, cross country, swimming, or track (as applicable). My child has no known physical or other condition that would limit or restrict participation. I will notify the coach or athletic director if there is any change in my child's condition that would limit or restrict my child's participation.

I understand that while participating in a sport, my child may sustain physical illness or injury (minimal, serious, or catastrophic). I further understand that my child is assuming the risk of such physical illness or injury from, but not limited to, falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport, and I release St. Aloysius Catholic School, as well as its representatives including the coach, from any claim for any illness or injury that my child may sustain while participating in a sport.

In order that my child may receive the necessary medical treatment for illness or injury sustained while participating in a sport and only in the event that I cannot be reached after a reasonable effort to do so, I authorize the coach to obtain medical treatment for my child for any illness or injury, and I hold the Diocese of Baton Rouge, St. Aloysius Church, and St. Aloysius Catholic School, as well as its representatives including the coach, harmless in exercise of this authority.

I understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness and injury that my child may sustain while participating in a sport. **I certify that my child's activities in any sport is covered by the accident and health insurance named above.**

DATE

PARENT OR GUARDIAN