

Registration & Release Form – St Lawrence O’Toole Athletics

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1st Child Participant:

_____ (M/F) Child Attends: School RE
First Name _____ **Last Name** _____
gender
Grade: _____ Sport: Basketball Volleyball Soccer Cheer

2nd Child Participant:

_____ (M/F) Child Attends: School RE
First Name _____ **Last Name** _____
gender
Grade: _____ Sport: Basketball Volleyball Soccer Cheer

3rd Child Participant:

_____ (M/F) Child Attends: School RE
First Name _____ **Last Name** _____
gender
Grade: _____ Sport: Basketball Volleyball Soccer Cheer

Registration Date: ___/___/___ Paid with Check # _____ Amt: \$ _____

Parent(s)/Guardian(s) Names:

Street Address: _____

City: _____ ST: _____ Zip: _____

Contact Phone #'s (Please indicate which parent/guardian with each number with "First Name"):

First/Best Phone: (____) _____ - _____ Home Cell Work First Name: _____

Second Phone: (____) _____ - _____ Home Cell Work First Name: _____

Third Phone #: (____) _____ - _____ Home Cell Work First Name: _____

Emergency Contact (only if an additional contact beyond the parents/guardians above is desired):

Emergency Contact Name: _____ Phone: (____) _____ - _____

Emergency Contact Relationship to Athlete: _____

MEDICAL INFORMATION

Please list any medical history that you feel would be pertinent to the athlete’s participation in St Lawrence O’Toole Athletics. Examples are: asthma, diabetes, allergies, heart problems, etc:

ARCHDIOCESE OF CHICAGO
Child/Minor Athletic Participation Release Form

The Catholic Bishop of Chicago (the CBC) and St Lawrence O'Toole Parish (the Parish) are committed to conducting athletic programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in athletic programs must recognize however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish insist participants follow safety rules and instructions which have been designed to protect your safety.

Please recognize that the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost would make the program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining medical accident insurance, the CBC and the Parish requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child/ward for participation in this program you will be waiving and releasing all claims for injuries your minor/child might sustain arising out of this program.

Program: St Lawrence O'Toole Athletics School year: 2006__ thru 2007__

As the participant in the program, I recognize and acknowledge that there are certain risks of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have, as a result of participating in the program, against the CBC, the Parish and their agents, servants and employees.

I do hereby fully release and discharge the CBC, the Parish and their officers, agents, servants, and employees from any and all claims resulting from injuries, (including death), damages, and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the CBC or the Parish officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program details.

(Parent/Guardian Signature)

(Date)