

ST. PIUS X ATHLETIC ASSOCIATION PLAYER INFORMATION/RELEASE FORM

STUDENT NAME: _____ GRADE: _____ DOB: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

SPORT AND FEES

____ VOLLEYBALL: \$75 ____ SOCCER: \$75 ____ CROSS COUNTRY: \$60 ____ CHEER: \$125

____ BASKETBALL: \$150 ____ LAX: \$100 (Boys) / \$125 (Girls) ____ KICKBALL: \$25

____ TRACK: \$60 ____ TENNIS: \$75 ____ GOLF: \$75 ____ BASEBALL: \$100

Please provide the following information about your child:

HEALTH INSURANCE CO. _____ POLICY NO. _____

PHYSICIAN: _____ PHONE: _____

PREFERRED HOSPITAL: _____

Please indicate any allergies, routine medications, medical conditions, or other problems that coaches or staff should be aware of concerning your child's participation in this sport (information will remain confidential):

PERMISSION AND RELEASE: I, the undersigned parent/guardian of _____, give my approval for my child to participate in the activities of the St. Pius X Catholic School Athletic Programs. My child is physically able to participate in the program and, in doing so, will in no way harm his/her health. I further assume all risk hazards incidental to the conduct of the activities, including transportation to and from the activities. I hereby release, absolve, and hold harmless, SPX School and the Athletic Association, the staff, the organizers, and the supervisors from any and all injury, loss, or other damage to us or to the above-mentioned child arising out of the activities of the program. I also grant permission for any treatment deemed necessary to a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Signature of Parent/Guardian

Date