

St. Augustine Catholic School Athletic Registration

Please state ALL sport(s) your child desires involvement: Check sport(s)

Soccer Volleyball Girl's Basketball Boy's Basketball Baseball Softball

PLAYER'S NAME _____ DOB _____ GRADE _____
ADDRESS _____ CITY/STATE/ZIP _____
Contact #'s _____, _____, _____, _____

PARENT/GUARDIAN _____

EMPLOYER: FATHER _____ PHONE _____
MOTHER _____ PHONE _____

FAMILY MEDICAL INSURANCE

CARRIER _____ POLICY# _____

PREFERRED HOSPITAL _____

DOCTOR'S NAME _____ PHONE _____

ADDITIONAL EMERGENCY CONTACT/PHONE# _____

I/we certify that the above named applicant has my/our permission to participate in the St. Augustine School Sports program, and I/we assume the risks and hazards associated with such participation, including transportation to and from activities. I/we hereby waive, release, absolve, indemnify, and agree to hold harmless St. Augustine School, its directors and officers coaches participants and persons involved, as well as the Archdiocese of Galveston -Houston, in any way, from and against any liability for, or claims arising out of the course of his/her transportation to or from such activities including but not limited to the sole or concurrent negligence of the Archdiocese of Galveston -Houston, the St. Augustine School Sports program, its directors and officers, coaches, participants and persons transporting my/our child to and from any activities. I/we authorize the coach(es) of my child's team to act for me according to their best judgment in any emergency requiring medical attention.

Signature _____ Date: _____