

**St. Joseph Athletic Association  
Athlete Registration Form  
2008-2009**

(Please fill out for each child)

**Athlete's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Registering for:**

Please circle choice(s)

**Boys' Basketball**

**Girls' Basketball**

**Boys' Flag Football**

**Girls' Volleyball**

**Co-Ed Volleyball**

I the parent/guardian, of above named athlete do hereby grant permission for their participation in sporting activities during the upcoming season. I assume all risks and hazards incidental to such participation including the transportation to and from activities, I hereby agree to hold harmless, defend and indemnify, St. Joseph Parish, St. Joseph School, St. Joseph Athletic Association, and Coaches for any negligence in transporting the athlete.

I the parent/guardian agree to be financially responsible for the equipment issued to the athlete and will reimburse the Athletic Association for the loss or damage, other than normal wear and tear, of said equipment.

I the parent/guardian grant permission to the coaching staff, to authorize and obtain medical care from any licensed physician, hospital, or medical clinic in the event of illness or injury while participation in sports when I'm not available to grant permission for treatment.

I the parent/guardian agree to waive any confidentiality claim to medical information or similar claim, arising out of information requested below and/or its use by St. Joseph Athletic Association, St. Joseph School their officers, agents or coaches.

I the parent/guardian recognize St. Joseph School offers medical insurance that is available at the beginning of the school year. The Athletic Association requires students participating in sports be insured through the school plan or through family plans. All injuries should be reported immediately to the school office.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_