

Clinics

Saint Joseph Athletics is currently taking registrations for the clinics for 2010-11. This is a wonderful way to introduce your child to the Saint Joseph Athletic program. Each program teaches athletes the basic concepts in a fun relaxed format. Teamwork and sportsmanship are emphasized. Clinics will be held in the school gym (time and dates to be determined by coach). No experience is needed, just the ability to have fun. Participants will receive a t-shirt and a free ticket to attend a SJS home game.

Please complete both sides of form and return with payment to the school office. For questions please contact the school office.

Cost: \$20 per clinic _____ **Please contact me regarding coaching opportunities.**
(Make checks payable to Saint Joseph Athletics)

Please mark choice(s):

_____ **3rd** _____ **4th** grade _____ **Girls** _____ **Boys**
_____ **Basketball** _____ **Flag Football** _____ **Volleyball**

Circle t-shirt size: YS YM YL AS AM

Athlete's Name: _____ Grade: _____ Date of Birth: _____
(Please complete for each child)

I/We the parent/guardians, of above named athlete do hereby grant permission for their participation in sporting activities during the upcoming season. I/We assume all risks and hazards incidental to such participation including the transportation to and from activities, I/We 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/We the parents/guardians 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/We the parents/guardians 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/We are not available to grant permission for treatment.

I/We the parents/guardians 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/We the parents/guardians 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: _____

St. Joseph Athletic Association
Athlete Medical Information Form
2010-11

(Please complete for each child)

Athlete's Name: _____ Grade: _____

Home Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-Mail: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact and Relationship: _____ Phone: _____

Family Insurance Carrier: _____ Policy Number: _____

Physicians Name and Phone: _____

Does your child have any medical conditions that may affect his/her physical activity?

Yes _____ If Yes, please list. No _____

Is there any medication that your child is now required to take?

Yes _____ If Yes, please list. No _____

Parent/Guardian Signature: _____ Date: _____