

St. Joseph School

Athletic Registration and Parent Consent Form

Student Name _____ Date _____
Address _____ City _____
Phone _____

Circle the sport(s) in which you **might** participate:
Volleyball Basketball

Medical Background Information

Do you have or have you ever had any of the following:

1. Contacts Yes _____ No _____ Soft _____ Hard _____
2. Asthma Yes _____ No _____ Medication _____
3. Allergies Yes _____ No _____ If so, to what _____
4. Problems with bee or insect stings Yes _____ No _____ If so, what? _____
5. Seizures: Yes _____ No _____ If so, when was the last one? _____
6. Broken bones within the last three years: Yes _____ No _____ If so, what _____
7. Problems with sprained ankles or other joints Yes _____ No _____
8. Problems with hyperventilating Yes _____ No _____
9. Any medications we should be aware of? _____
Name and Dosage _____

Parental Consent

I have read the rules and regulations and give my child permission to participate in the volleyball and/or basketball program at St. Joseph School. I will do my best to assist the coach by discussing these rules and regulations with my child. I hereby give medical permission for my daughter/son, named above, to be given immediate emergency care (in case of an injury) by the nearest medical professional.

Date

Parent Signature

Student Pledge

I agree to abide by all the rules and regulations. I agree to pay for any uniform or equipment which I may lose, misplace, or damage through carelessness or intent.

Date

Student Signature

PLEASE COMPLETE BACK SIDE OF FORM WITH EMERGENCY INFORMATION

MEDICAL CONTACT INFORMATION

In case of an emergency, please list the information requested below:

Father's Name _____

Telephone _____

Employer _____

Work Telephone _____

Mother's Name _____

Telephone _____

Employer _____

Work Telephone _____

If a parent cannot be reached, please contact:

Name _____

Relationship _____

Telephone _____

Work Telephone _____

Family Physician: _____

Telephone: _____