

Sacred Heart Athletic Association – Sports Registration Form – 2011-2012

Please submit a copy of this form to the school office marked “Athletic Association Registration”. Please keep a copy for your own records.

Last Name	First Name	Grade
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Individuals participate in athletics at their own risk, with parents and/or guardians assuming responsibilities related if a minor is injured. Participation in athletics without medical insurance is prohibited. Coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance programs.

In consideration of _____ (child’s name) being allowed to participate in competitive sports and intending to be legally bound, I do hereby release and forever discharge the Roman Catholic Diocese of Pittsburgh, the Bishop of the Diocese, Catholic Institute and Sacred Heart Elementary School of the City of Pittsburgh and/or the Sacred Heart Athletic Association, their agents and their successors, from any/all actions or suits in law or equity which I/we might hereafter have, by reason of injuries sustained by my child participating in sports or in transit to or from participating in sports.

I have read the above and will comply. The athlete is covered under a health insurance plan.

Parent/Guardian Signature	Printed Parent/Guardian Name	Date
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Parent Contact number _____ email address _____

REGISTRATION FOR (please circle below):

Cross Country (\$50 for 1 child, \$75 for 2 children, \$100 for 3 children)

Volleyball (\$50 for 1, \$75 for 2 children, \$100 for 3 children)

Soccer (\$50 for 1 child, \$75 for 2 children, \$100 for 3 children)

Basketball (Grades 3-8) (\$75 for 1 child, \$110 for 2, \$150 for 3)

K-2 developmental basketball clinic \$50

Amount Paid _____ Check number _____

If a uniform is issued for a sport, it must be returned at the end of the season or a fee will be assessed to cover the cost of replacement of the uniform.

Sacred Heart Sports Physician Release Form

Last Name _____ First Name _____

_____ (child's first and last name) has been examined by me on _____ (date of examination) and my examination has found no medical reason to preclude his or her participation in competitive sports.

Physician's signature _____ Date _____

Parents – please make a copy of this signed form for your records, return both the parent and physician release forms to the school office. Physician release forms are valid for 1 year from the date of the exam (not the date the form was signed).