



St. John Catholic School
Athletic Department
106 Military Street
Georgetown, KY 40324
502-863-2607

Parent/Guardian Athletic Permission Form

In order for your children to participate on a St. John athletic team this form must be completed and returned to the office prior to the first official practice and along with the registration forms and fees. This form only needs to be filled out once per family per year. Please print the following information:

Family Last Name: _____

Child's Name: _____, Grade: _____ DOB: _____

Child's Name: _____, Grade: _____ DOB: _____

Child's Name: _____, Grade: _____ DOB: _____

Parents' Name: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

(These should be numbers that you can be reached at in case of emergency during practice or competition)

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Insurance Policy Number: _____

Your family must have medical insurance in order to participate in any athletic sport. All medical expenses related to or caused by participation in interscholastic athletics are the responsibility of the parent or guardian of the athlete. St. John Catholic School will not pay for any medical expenses incurred by the athlete.

In consideration of my child's participation in St. John Catholic School Athletics, I for myself, my child, my executors, administrators and assignees do hereby release and discharge St. John School, Ss. Francis and John Catholic Parish, the Diocese of Lexington, the coaches, parent assistants, referees and proprietors of training and competition facilities from any and all claims for damages caused for action whatsoever in any manner arising out of my child's participation in St. John Catholic School Athletics. I state that I have full knowledge of the risk involved in participation, and that my child is physically able and sufficiently to participate in St. John Catholic School Athletics. Furthermore, in the event that a medical emergency should occur and I can not be contacted, I give my permission for a school representative (coach, parent assistant) to arrange for ambulance services to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment which is considered necessary for the student athlete's well being.

Parent/Guardian Signature: _____ Date: _____

Please list any medical conditions that could affect your child's ability to participate in athletic activities or that could make participation hazardous to your child's health. Please include any allergies that your child has and list any medications that your child takes regularly and the reason for taking them. (Please use the back if necessary)

I, the undersigned have received medical clearance and have provided a sports physical for my children listed above to the school office to participate as a team player. The physician is aware that the anticipated participation involves vigorous cardiovascular and muscular stress.

The above information is accurate to the best of my knowledge.

Athletic Department Registration Form

School Year: _____ (Please print on this form)

 (Child's Name) Current Grade: _____

Please submit the following items:

- Physical Form (per student from the Doctor)
- Athlete Handbook Agreement (signed by Athlete)
- Parent Agreement (signed by Parents)
- Parochial League Injury Waiver Form (per child for Winter Sports)
- Registration Form (per student)
- Registration fee (per student/per sport)
- Volunteer form (per family)

Registration Fee Schedule

Sport	Registration Fee per child	Sport / Program Registering for:
Basketball	\$125	
Cheerleading	\$75	
Cross Country	\$75	
Soccer per Season	\$120	

The **registration fee** is due per sport per child one week prior to the First Official Competition of each sport. Please make checks payable to St. John School (Memo: Registration Fee for Jane Doe, Soccer) Please return this form as soon as possible.

Soccer is through I am 3rd. They give a \$10 discount for second child participating

The programs being offered this year are as follows:

- Basketball** (5th through 8th) Season - Mid October through February (Tournament)
- Cheerleading** (1st through 8th) Season - Mid October through February (Tournament)
- Cross Country** (1st through 8th), Season - End of July through early November
- Soccer** (3 year old through 8th), Fall Season - August through October
 Spring Season - March through May.

 Parent Email address

 Phone #