

Saint Joseph's Catholic Academy
Athletic Camp/Clinic Registration



ATHLETE INFORMATION

Full Name: _____

Current Grade: _____ Birthdate: _____ Current Age: _____ M/F: _____

School District: _____ Camp or Clinic: _____ Shirt Size: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

PARENT/GUARDIAN/EMERGENCY CONTACT INFO

Contact Person #1: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Contact Person #2: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

INFORMED CONSENT/PHOTO RELEASE

I hereby certify that I carry insurance on my son/daughter _____, which provides coverage for injuries sustained by my son/daughter while participating in any sports programs sponsored by Saint Joseph's Catholic Academy. I, therefore, waive any and all claims that I might have against Saint Joseph's Catholic Academy or any employee of Saint Joseph's Catholic Academy arising out of any physical injury or damage sustained by my son/daughter while playing, practicing, traveling, or otherwise participating in the school's sports program. I also agree to allow Saint Joseph's Catholic Academy to utilize photographs or likeness of my child created from their participation without my approval in advance of such use and without financial or other compensation due to me. Promotional materials may include but are not limited to newspaper articles, brochures, fliers, videos and/or our website.

Parent/Guardian Signature: _____ Date: _____

ATHLETIC INJURY CLAIM WAIVER

I hereby certify that I carry insurance for my son/daughter, _____, which provides coverage for injuries sustained by my son/daughter while participating in any intramural or athletic programs sponsored by Saint Joseph's Catholic Academy.

I, therefore waive any and all claims that I might have against Saint Joseph's Catholic Academy or any employee of Saint Joseph's Catholic Academy arising out of any physical injury or damage sustained by my son/daughter while playing, participating, traveling or otherwise participating in the school's programs.

Medical Insurance Carrier: _____

Policy Number: _____

Address: _____

Phone Number: _____

Parent/Guardian Signature: _____ Date: _____