

Our Lady of Perpetual Help Parish Youth Ministry Athletic Registration

Child's Name	_____	Date of Birth	_____
Street Address	_____	City & Zip Code	_____
School	_____	Grade	_____ Home phone # _____
Child's Religion	_____	Parish where child is a member	_____
Parent / Guardian #1	_____	Parent / Guardian Email Address	_____
Parent / Guardian #2	_____	Parent / Guardian Email Address	_____
Emergency Contact	_____	Emergency Contact Phone #	_____

I agree to be contacted electronically by phone and / or email by the coach of my child's team, and to have my phone and email contact information shared with other parents and/or members of my child's team.

Agree

Disagree

I hereby request that my child participate in the OLPH Youth Ministry Athletic Program. I completely release Our Lady of Perpetual Help Church, OLPH Parish Youth Ministry its board members, its coaches, and PYM volunteers, and the Archdiocese of Philadelphia from any and all responsibility and any and all liability in case of injury or accident whether before, during, after, on the way to, or the way from a sponsored activity, game, practice, or competition.

Parent / Guardian Signature _____

Medical Release Information

Insurance Company	_____	Policy #	_____
Any existing medical conditions	_____	Allergies	_____

I hereby give permission to any doctor or hospital to administer emergency medical aid to my child in the event of accident or injury.

Parent / Guardian Signature _____

\$ 20 Registration Paid _____

\$25 Uniform Deposit Paid _____