

ATHLETIC PROGRAM SIGN UP FORM, WAIVER AND RELEASE

2020 -2021

5th – 8th Basketball and Cheer

School/Church: St. John the Baptist City: Newburgh

Youth's Name _____ Grade _____

Athletic Fee - See attached document

Please note – Each sport may meet (3 – 4) times per week. Please make sure your child is not over committed. St. John sports should take priority over all other sports. Example – Rec, select, club soccer or volleyball etc. Students should attend ALL practices and games. *As a part of your child playing basketball or cheering, you are agreeing to help work home events.* Thanks for your consideration to this matter.

Circle your sport(s)

- 5th – 8th **Cheer** - 3 or 4 contacts a week **Oct. 20th – Feb. 7th**
- 5th - 8th **Girls Basketball** - 3 or 4 contacts a week **Oct. 20th – Feb. 7th**
- 5th – 8th **Boys Basketball** - 3 or 4 contacts a week **Oct. 20th – Feb. 7th**

Please return this waiver / information form (one per student) and athletic fee before **Wednesday, September 23rd**. A **\$20 late fee** will be assessed for any form turned in after the Sept. 23rd deadline. Make checks payable to **SJB Athletics** and please return to Mr. Day. Information is needed for number of teams and scheduling. Extra copies of this form can be found in the school office.

(PLEASE MAKE SURE BOTH FRONT AND BACK ARE COMPLETED)

I/We, the parent(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify and hold harmless the Bishop of the Catholic Diocese of Evansville.

St. John the Baptist _____ Parish,

Rev. Dusty Burns _____ Pastor,

and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the activities and /or transportation to and from the event.

Guardian's Signature _____ Date _____

Thank you,

If you have any questions or if your interested in helping coach please contact Jon Day or Dave Meyer e-mail- jday@evdio.org – dmeyer@evdio.org School 490-2000

INFORMATION CARD: ATHLETICS

Homerom _____

STUDENT NAME _____ **DATE OF BIRTH** _____

ADDRESS _____

PARENT NAME _____

HOME PHONE NUMBER _____

*** E-MAIL ADDRESS** _____

EMERGENCY PHONE NUMERS –

Name _____ **Phone #** _____

Name _____ **Phone #** _____

Name _____ **Phone #** _____

Name _____ **Phone #** _____

FAMILY PHYSICIAN _____

Phone# _____

HOSPITAL PREFERENCE _____

INSURANCE INFORMATION _____

Does your child have any physical conditions or take any medication that the coaches or doctors should be aware of? (Allergies, contact lens, diabetes, heart murmur etc.)

My child will get home from practice or games by _____

In case of an accident or serious illness and parent (s) cannot be reached, I/we hereby authorize the coach to make whatever arrangements seem necessary.

It is understood and agreed that neither the school, the coach, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while they are engaged in extracurricular/Athletic activity. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect my child against the costs of sickness or injury.

If the above named child needs emergency medical treatment and neither a parent no the designate family physician can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Parent (s) Signature _____ **Date** _____