

# ATHLETIC PROGRAM SIGN UP FORM, WAIVER AND RELEASE

2020 - 2021

3<sup>rd</sup> & 4<sup>th</sup> grade Basketball

School/Church: St. John the Baptist

City: Newburgh

YS - YM - YL

Youth's Name \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size (Please Circle) – AS - AM

**Athletic Fee** - See attached document

***Please note*** – Each sport may meet (3) times per week. Please make sure your child is not over committed. **St. John sports should take priority over all other sports.** Example – EBA, 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)**

- 3<sup>rd</sup> – 4<sup>th</sup> **Girls Basketball** - 2-3 contacts a week      **Week of Oct. 20<sup>th</sup> – Feb. 7<sup>th</sup>**

- 3<sup>rd</sup> – 4<sup>th</sup> **Boys Basketball** - 2-3 contacts a week      **Week of Oct. 20<sup>th</sup> – Feb. 7<sup>th</sup>**

Please return this waiver / information form (one per student) and athletic fee before **Wednesday, September 23<sup>rd</sup>**. A **\$20 late fee** will be assessed for any form turned in after the Sept. 23<sup>rd</sup> 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 Mr. Meyer e-mail- [jday@evdio.org](mailto:jday@evdio.org) [dmeyer@evdio.org](mailto: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** \_\_\_\_\_