

# St. Augustine Catholic School Athletic Registration

Please state ALL sport(s) your child desires involvement: Check sport(s)

Soccer  Volleyball  Girl's Basketball  Boy's Basketball  Baseball  Softball

PLAYER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
Contact #'s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

EMPLOYER: FATHER \_\_\_\_\_ PHONE \_\_\_\_\_  
MOTHER \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY MEDICAL INSURANCE

CARRIER \_\_\_\_\_ POLICY# \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT/PHONE# \_\_\_\_\_

I/we certify that the above named applicant has my/our permission to participate in the St. Augustine School Sports program, and I/we assume the risks and hazards associated with such participation, including transportation to and from activities. I/we hereby waive, release, absolve, indemnify, and agree to hold harmless St. Augustine School, its directors and officers coaches participants and persons involved, as well as the Archdiocese of Galveston -Houston, in any way, from and against any liability for, or claims arising out of the course of his/her transportation to or from such activities including but not limited to the sole or concurrent negligence of the Archdiocese of Galveston -Houston, the St. Augustine School Sports program, its directors and officers, coaches, participants and persons transporting my/our child to and from any activities. I/we authorize the coach(es) of my child's team to act for me according to their best judgment in any emergency requiring medical attention.

Signature \_\_\_\_\_ Date: \_\_\_\_\_