

St. Joseph Catholic School
Athletic Team Permission and Registration

Please complete both sections:

(Name of Student) _____ has the opportunity to participate in a school activity on school grounds and away from the school premises. If you approve of the following arrangement, please sign the bottom of this section and return to the school office.

Circle the sport(s) the student will be participating in:

Basketball	Cheerleading	Flag Football	Golf
Running Club	Soccer	Tennis	Volleyball

I understand the nature of the sport in which my son/daughter will be participating and that he/she is expected to abide by all school rules during the course of the sports seasons. I understand that all athletes are required to pay a non-refundable \$25 registration fee per sport prior to beginning practice with the team. The \$25 registration fee (per sport) is made payable to St. Joseph Catholic School.

I hereby give my permission for my son/daughter to participate in the above mentioned athletic team(s).

No student will be permitted to try out or play on a team, including cheerleading, until he/she has submitted a medical sports physical form in which a doctor clears the student for play. All medical conditions that could affect playing and/or health should be noted.

I further agree that, in the event of an accident, illness or any other circumstances requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the school.

Date: _____ Signature of Parent/Guardian: _____

IMPORTANT MEDICAL INFORMATION THE COACH SHOULD KNOW: _____

Emergency Telephone numbers: _____

Authorization to Treat a Minor

I (We), the undersigned parent(s)/legal guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and emergency hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Florida. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will be withheld if the undersigned cannot be reached.

Date: _____ Signature of Parent/Guardian: _____

Allergies to drugs or foods: _____

Date of last Tetanus Toxoid Booster: _____