



St. Ignatius Martyr Catholic School
Athletics Registration, Waiver, and Athletic Contract Forms
 Please complete all blanks. Type or print legibly



SCHOOL YEAR SUMMER

| | | |
|----------|-------|-----|
| STUDENT | GRADE | DOB |
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Home: _____

| | | | |
|---------|---------------|-----|-------|
| ADDRESS | CITY & COUNTY | ZIP | PHONE |
|---------|---------------|-----|-------|

Father's Name: _____ Place of Work: _____

Co.NAME

Work#: _____ Cell#: _____ Email: _____

Mother's Name: _____ Place of Work: _____

Co.NAME

Work#: _____ Cell#: _____ Email: _____

Emergency Contact: _____

Address: _____ City/Zip: _____ Home#: _____

Work#: _____ Cell#: _____ Email: _____

Medical Information

Allergies: Yes No Asthma: Yes No Heart Disease: Yes No Date of Last Tetanus:

Medications?: List:

Health Insurance: _____ Policy #: _____ Group #: _____

Doctor: _____

NAME

ADDRESS

PHONE

Health Insurance: _____ Policy #: _____ Group #: _____

I/We agree that in case of an emergency when time or circumstances make it impractical to secure our prior approval St. Ignatius officials are authorized to take whatever actions are deemed necessary in their best judgment to protect the health and welfare of our child. This includes, but is not limited to securing emergency services, anesthetics, medical specialists and hospital admissions. **Choice of Hospital:** _____ **Initial:** _____

Photo Release

As a Parent/Guardian of a child in the program, I hereby grant permission to the St. Ignatius Martyr Catholic School to use my child's photograph on its World Wide Web site or in other official School printed publications without further consideration. I further acknowledge the School's right to crop or treat the photograph at its discretion. I also acknowledge that the School may choose not to use my child's photo at this time, but may do so at its own discretion at a later date. I also understand that once my image is post on the School's website, any computer user can download the image. Therefore, I agree to indemnify and hold harmless St. Ignatius School from any claims. **Initial:** _____

Sports List – Please check off each sport that your child may be participating in this school year.

- | | | | | |
|---------------------------------------|--|-------------------------------------|--|--|
| <u>Aug- May</u> | <u>Fall</u> | <u>Winter</u> | <u>Spring</u> | <u>Summer</u> |
| <input type="checkbox"/> Spirit Squad | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Track & Field | <input type="checkbox"/> See next page |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | | <input type="checkbox"/> Soccer | |
| <input type="checkbox"/> Pep Squad | <input type="checkbox"/> Cross Country | | <input type="checkbox"/> Tennis | |

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Sport(s): _____ Grade: _____

Name of Participant: _____

**Waiver, Release of All Claims and Hold Harmless Agreement for
St. Ignatius Martyr Catholic School**

READ CAREFULLY

Please read this form carefully and be aware that, in signing up your child to participate in the above program, you will be waiving and releasing all claims for injuries, arising out of this program that you or the above participant might sustain. The terms “I”, “me” also refer to parents or guardians as well as the participants in the program. In registering for the program, you are agreeing as follows:

As a parent of a child in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which my child may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognized and acknowledge that all athletic activities involving strenuous exertion or potential body contact and hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims that I may have as a result of my child participating in the program against St. Ignatius Martyr Catholic School, and all other, servants and employees of the school. In addition, any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that my child might sustain while participating in the program. The parties described in the preceding sentence are referred to as “released parties” in the remainder of the agreement.

I do hereby fully release and discharge St. Ignatius Martyr Catholic School and the other release parties from any and all claims for injuries, including death, damage or loss which my child may have or which may occur to my child on account of his/her participation in the program.

I further agree to indemnify, hold harmless and defend St. Ignatius Martyr Catholic School, and any and all other released parties, from any and all claims resulting from injuries, including death and losses sustained by anyone, and arising out of, connected with, or in any way associated with my child’s conduct and the activities of the program.

I further understand and agree that the terms such as “participation”, “program”, and “activities” referred to in this Agreement, include all exercises and physical movements of any nature while my child is participating in the program, and further include the provision of or failure to provide proper instructions or supervision, in the use of any equipment, and anything related to my use of the services, facilities, or premises involved in the program.

I understand the nature of the program for which I am registering my child, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisement or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this agreement.

Signature of Parent or Legal Guardian

Date



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ATHLETIC CONTRACT

Please initial each statement below to acknowledge your agreement to this contract. Then, sign the form at the bottom and return to the Athletic Director to be eligible for participation.

As a St. Ignatius Martyr Student-Athlete...

___ I will strive to give my best to the team in every practice and every game.

___ I will be on time for all practices and games.

___ I will not miss a practice or game because of another outside sport or extra-curricular activity unless approved by the coach or athletic director.

___ This experience is an opportunity to learn not only _____ (sport), but also teamwork with all its inherent responsibilities. There will be times when I will follow someone's lead and there will be times when I must assume that lead – I always have a contribution to make to my team.

___ I will take my coaches' directions and comments as constructive suggestions, which make me a better athlete and my team a successful unit.

___ Practice is where I learn the concepts of the game. How I apply those concepts in mind and body in practice will carry over into the game situation.

___ I will always play hard, but always will be a fair sport whether we are winning or losing the game, realizing that everyone on my team and my opponent's team is playing for fun and the competitive experience.

___ I will carry these principles to my schoolwork and my family life with the realization that these are of greatest importance and take precedence to any sport.

___ I will follow our Anti-Bullying policies as stated in the Athletic Handbook.

___ I will be an example of Christ in all my actions on and off the field/court of competition.

___ I have read the Policies for "Removal from Team" and understand the punishments.

___ I have read the athletic handbook and agree to follow the policies and procedures as stated.

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE ATHLETIC DIRECTOR



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FEE RATES FOR 2017-18

Fees may change this year and normally cannot be predicted without knowing more information. This year we are striving to get the fees as low as possible!

| |
|--------------------------------|
| For Office Use Only |
| Date Received: _____ |
| Program Selection: \$ _____ |
| Processed by: _____ |

Fall:

| Sport | Fee | Due Date | Grades/Gender |
|--------------------------|------------|-----------------|--------------------------------|
| Pep Squad & Spirit Squad | TBD | TBD | 2-4 Boys and Girls & 5-8/Girls |
| Cross Country | TBD | TBD | 5-8/Boys and Girls |
| Flag Football | TBD | TBD | 5-8/Boys and Girls |
| Volleyball | TBD | TBD | 5-8/Girls |
| Golf | TBD | TBD | 5-8/Boys and Girls |

*Yearly fee - Covers the entire year
 **Must purchase a Uniform separately from fee
 ***Must provide own clubs and occasionally pay for range balls

Winter:

| Sport | Fee | Due Date | Grades/Gender |
|--------------|------------|-----------------|----------------------|
| Basketball | TBD | TBD | 5-8/Boys and Girls |
| Spirit Squad | TBD | TBD | 5-8/Girls and Boys |
| Pep Squad | TBD | TBD | 2-4/Boys and Girls |

Spring:

| Sport | Fee | Due Date | Grades/Gender |
|-----------------|------------|-----------------|----------------------|
| Soccer | TBD | TBD | 5-8/Boys and Girls |
| Track and Field | TBD | TBD | 5-8/Boys and Girls |
| Tennis | TBD | TBD | 5-8/Boys and Girls |
| Golf | TBD | TBD | 5-8/Boys and Girls |

Financial constraints should not inhibit any student from participating in student athletics. For financial assistance for St. I. athletics, please contact the principal. However, payments are expected to be paid in full.

 Parent Signature

 Date