

DIOCESAN ATHLETIC INTERSCHOLASTIC PROGRAM REGISTRATION FORM

PART I – PHYSICIAN’S CERTIFICATE

I hereby certify that _____ has been examined by me and found physically fit to engage in all diocesan interscholastic athletics for the year 2010-2011.

DATE: _____ PHYSICIAN’S SIGNATURE _____

PART II – GENERAL INFORMATION

CHILD’S NAME: _____ SEX: M _____ F _____

ADDRESS: _____ CITY, STATE, ZIP _____

2010-2011 GRADE LEVEL _____ AGE: _____ DATE OF BIRTH: _____

PARENT (S) OR LEGAL GUARDIANS: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

ADDITIONAL CONTACT PERSON: _____

RELATIONSHIP: _____ PHONE: _____

ALLERGIES AND OTHER MEDICAL CONCERNS: _____

PART III – MEDICAL INSURANCE

MEDICAL INSURANCE COMPANY: _____

POLICY AND/OR GROUP NUMBER: _____

PART IV – PARENTAL CONSENT STATEMENT

I, _____, certify this request and give permission for my child, _____, to engage in the diocesan interscholastic athletic programs. I release participating school’s principal, coaches, Knights of Columbus, the Diocese of Nashville and their representatives from any and all liability and waive claims against them.

NOTE TO PRINCIPALS AND COACHES: COACHES MUST HAVE A COPY OF THIS FORM FOR EACH ATHLETE AND SHOULD KEEP IT ON HAND FOR ALL GAMES AND PRACTICES. A COPY OF THIS FORM FOR EACH ATHLETE MUST BE ON FILE IN THE PRINCIPAL’S OFFICE BEFORE S/HE MAY PARTICIPATE IN ANY FORM OF DIOCESAN INTERSCHOLASTIC ATHLETIC PROGRAM.

Diocesan interscholastic athletics include the following sports:
BOYS: Football, basketball, cross-country, soccer, lacrosse, golf
GIRLS: Cheerleading, cross-country, basketball, soccer, volleyball, softball, lacrosse