

St. A's Basketball Registration & Authorization Form

Player Name _____ Grade: _____ Date of Birth _____

Address _____ + _____

City/State/Zip _____

Home Phone _____ Email (mother): _____

Email (father): _____

Player's Cell _____ Email (player): _____

Mother's Name _____ Phone (W) _____ (Cell) _____

Father's Name _____ Phone (W) _____ (Cell) _____

PERSON TO BE NOTIFIED IN EMERGENCY _____ Phone _____

DOCTOR'S Name _____ Phone _____

Do you have any allergies or special needs? _____ ASTHMA? _____

IF YES TO ASTHMA, PLEASE SUPPLY ONE INHALER AND COMPLETE INSTRUCTIONS FOR USE FROM YOUR DOCTOR AND PERMISSION FOR CHILD TO ADMINISTER TREATMENT IF CONSIDERED NECESSARY.

PARENTAL WAIVER AND RELEASE

BY MY SIGNATURE, I DO HEREBY ASSUME ALL RISKS OF PERSONAL INJURY AND OTHER DAMAGE INVOLVED IN THE ACTIVITIES ASSOCIATED DIRECTLY OR INDIRECTLY WITH THE ST. ALOYSIUS SCHOOL, ST. ALOYSIUS PARISH, AND THE DIOCESE OF BRIDGEPORT AND AM AWARE OF THE SERIOUS ACCIDENTS WHICH MAY OCCUR IN THE COURSE OF SUCH ACTIVITIES. ACTING FOR MYSELF AND MY CHILD, I DO HEREBY RELEASE ST. ALOYSIUS SCHOOL, St. ALOYSIUS PARISH, THE DIOCESE OF BRIDGEPORT AND ITS COACHES, REPRESENTATIVES, AGENTS, AND ANYONE ACTING ON ITS BEHALF, AND THE OWNERS OF ANY GYM FACILITY BEING USED IN THE COURSE OF ITS ACTIVITIES, OF AND FROM ALL LIABILITY, INCLUDING CLAIMS AND SUITS AT LAW OR IN EQUITY, FOR ANY INJURY OR DAMAGE TO PERSON OR PROPERTY WHICH MAY RESULT DIRECTLY OR INDIRECTLY BY REASON OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION OR MY PARTICIPATION IN THESE ACTIVITIES. IN THE EVENT OF ANY ILLNESS OR INJURY TO MY CHILD AND AFTER AN ATTEMPT HAS BEEN MADE TO REACH THE PARENTS OR GUARDIAN OF THE CHILD (WHERE APPROPRIATE) INFORMING THEM OF SUCH INJURY ST. ALOYSIUS SCHOOL AND ITS COACHES ARE HEREBY AUTHORIZED TO CONTRACT FOR AND TO AUTHORIZE TREATMENT BY A MEDICAL DOCTOR ON MY BEHALF.

PARENTAL INSTRUCTION TO ST. ALOYSIUS SCHOOL OFFICE: HOW MY CHILD WILL END HIS/HER DAY TO STAY AFTER SCHOOL AND IMMEDIATELY PARTICIPATE IN THE BASKETBALL ACTIVITY IN THE GYM, TO BE PICKED UP AFTER PRACTICE AND/OR GAMES IN THE GYM BY A PARENT OR AUTHORIZED PERSON.

SIGNATURE OF: PARENT OR GUARDIAN _____ DATE _____