

Saint Mark Catholic Parish School
18033 15th PL NE – Shoreline, WA 98155

CYO – Athletic Registration Form

SPORT

Soccer Cross Country Basketball Volleyball Track

STUDENT

Name:			
Address:			
City:			
State:		Zip:	
Age:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
School:			
Parish:			

PARENT OR GUARDIAN

Name:			
Address:			
City:			
State:		Zip:	
Home Phone:		Cell Phone:	
I am interested in coaching a team:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

FEES

- Fees are due at registration
- Registrations will be returned if submitted without a payment
- Checks will be held in school office until the student is placed on a team
- Late registrations will **not** be accepted
- A *refundable* \$25 uniform deposit will be collected prior to the student receiving his/her uniform.
- The uniform deposit will be returned at the end of the season once the student returns his/her uniform in good, clean condition

Fees for each sport are outlined below. Make checks payable to *St. Mark*

Sport	Individual Fee	Family Fee (if more than one child)
Soccer	\$60	N/A
Cross County	\$30	\$50
Basketball	\$60	N/A
Volleyball	\$50	N/A
Track	\$30	N/A

PARENT/GUARDIAN RESPONSIBILITIES & SUPPORT

By signing below, parent/guardian agrees to the following:

- I will ensure that my student is transported to and from practices and games on time.
- I understand that my student, after practicing at St. Mark, will be placed in extended care at my expense if not picked up on time.
- I am personally responsible for equipment/uniforms issued to my student.
- I fully recognize and understand that sports involve an element of risk of bodily injury.
- I assume and accept those risks which are incidental to participation.
- I certify that my student has no special medical conditions and is fit for strenuous activity.
- In consideration of the opportunity for my student to participate, should through this participation an injury should occur, I do hereby release, absolve and agree to hold harmless St. Mark Parish, its school, employees, leaders, coaches and volunteers.
- I certify that I have read the Parent/Guardian Responsibilities and Support and agree to the CYO Guidelines and hereby give permission for my student to participate in sports.

Signature of Parent/Guardian: _____ Date: _____

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my student.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to contact me at the numbers provided, contact:

Name:		Phone:	
Relationship:			
Family Doctor:		Phone:	
Health Plan Carrier:		Group Policy #:	

SPECIFIC MEDICAL INFORMATION

The school will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, food, plants, insects, etc):	
Immunizations - Date of last tetanus/diphtheria immunization:	
Any physical limitations?	

You should be aware of the following special medical conditions of my student:

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RECORD OF INJURIES INCURRED DURING PRACTICE OR GAMES (TO BE COMPLETED BY SCHOOL OFFICIAL/COACH):

Date	Injury	Treatment Provided