

St. Mark Catholic Classical School
18033 15th Pl NE
Shoreline, WA 98155



Athletic Registration Form

SPORT:

Soccer Cross Country Basketball Volleyball Track

Student Name: _____ Age: _____ Date of birth: _____

Parent/Guardian Name (1): _____ Parent/Guardian Name (2): _____

I am interested in coaching: Yes No I am interested in coaching: Yes No

Parent (1) cell number: _____ Parent (2) cell number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

School: _____ Parish: _____

Parent/Guardian (1) Email: _____ Parent/Guardian (2) Email: _____

Fees billed online through SchoolAdmin*.

Late registrations not accepted. Athletic fees vary by grade level.

*If your child attends another school make check out to:

St. Mark Catholic Classical School
Memo: Cross Country

Parent's responsibility and support:

Parents are responsible for transportation to and from all practices and games. Practice timeframe is set; pick up your child immediately after practice. Parents are responsible for equipment and uniforms issued to their child. Lost or damaged equipment and uniforms replaced at the parents' expense.

I fully recognize and understand that sports involve an element of risk of bodily injury. I will assume and accept those risks, which are incidental to participation. My child has no special medical conditions and is fit for strenuous activity.

In consideration of the opportunity for my child to participate, should through risk 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 Parents Responsibility, and Support and agree to the CYO Guidelines and hereby give permission for my child to participate in sports.

Parent's Signature: _____ 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 child.

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 hospital or doctor. In the event of an emergency and you are unable to contact me at the numbers provided, contact:

Name: _____

Relationship: _____ Cell Phone: _____

Family Doctor: _____ Phone: _____

Health Plan Carrier: _____ Policy #: _____

Specific Medical Information:

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

Allergic reactions (medications, food, plants, insects, etc.): _____

Date of last tetanus/diphtheria immunization: _____

Any physical limitations? _____

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

For Coach Use only- Injuries incurred during practice or games

Date	Type of injury	Medical Assistance Y/N