

St. Mark Parish School
18033 15th PI NE
Shoreline, WA 98155
Athletic Registration Form



SPORT:

Soccer Cross Country Basketball Volleyball Track

Student Name: _____ Address: _____

Parent or Guardian: _____ Home phone number: _____

Cell phone: _____ Age: _____ School: _____

Date of birth: _____ Parish: _____

Gender: _____ Grade: _____ Email: _____

Fees are to be paid online through FACTS.

Late registrations will not be accepted. Athletic fees vary by grade level. Please check with the school office for fee schedule.

Parent's responsibility and support: Parents are responsible for transportation to and from all practices and games. Students practicing at St. Mark will be placed in extension at your expense if your child is not picked up immediately after practice. Parents are responsible for equipment and uniforms issued to their children. Lost or damaged equipment and uniforms will be replaced at the parents' expense.

I am interested in coaching a team: Yes No

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.

Parents 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 the 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 will be 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: _____

Injuries incurred during practice or games

Date	Type of Injury	Medical Assistance Y/N

