

Sports Registration Form

Child's name: _____ Grade: _____

Parent's/ Guardian's Name(s): _____

Phone(s): _____

Please select team(s):

_____ Instructional Basketball (K-2nd)

_____ Cheerleading (K-8th)

_____ 3rd/4th grade Girls' Basketball

_____ 3rd/4th grade Boys' Basketball

_____ JV Girls' Basketball

_____ JV Boys' Basketball

_____ Varsity Girls' Basketball

_____ Varsity Boys' Basketball

_____ JV Girls' Volleyball

_____ JV Boys' Volleyball

_____ Varsity Girls' Volleyball

_____ Varsity Boys' Volleyball

_____ Cross Country (2nd-8th)

_____ Track (2nd-8th)

_____ Wrestling (2nd-8th)

**JV: 5th&6th grade Varsity: 7th&8th grade

Payment is due AT REGISTRATION

Registration fee: \$40 first sport \$15 each additional sport \$100 max cost for family

Child's First Sport: _____ cost: \$ _____

Child's Second Sport: _____ cost: \$ _____

Child's Third Sport: _____ cost: \$ _____

Child's Fourth Sport: _____ cost: \$ _____

Total Cost: \$ _____

*****ALL team members must have a completed physical form on file before the first official practice date. No child will be permitted to participate WITHOUT a completed physical form and paid registration.

Amount Paid: \$ _____ cash Check # _____

Please make checks payable to "John F. Kennedy Catholic School"

Updated 5/25/15

Athlete's Emergency Information Form

Athlete's Name: _____ Male _____ Female _____

Date of Birth: ____ / ____ / ____

Parent or Guardian's Name(s): _____

Home Address: _____

Home Telephone Number: ____ - ____ - ____

Parent or Guardian's Work Telephone Number: . ____ - ____ - ____

Email Address: _____

Emergency Contact Name: _____ Telephone Number: ____ - ____ - ____

Alternate Contact Name: _____ Telephone Number: ____ - ____ - ____

Family Physician: _____ Telephone Number: ____ - ____ - ____

Medical History (diabetes, epilepsy, asthma, etc.):

Allergies (bee/wasp stings, candy/food, including medication):

Medications Currently Taking:

Insurance Information

Insurance Company: _____

Insurance Company Telephone: ____ - ____ - ____

Policy Number: _____

Identification Number: _____

Policy Holder: _____

Employer: _____

Updated 11/10/08

DSL Physician and Parent Release Form

School: _____

PHYSICIAN RELEASE

_____ has been examined by me on _____ and
(name of student) (date)
my examination has found no medical reason to preclude his/her participation in competitive sports.

Physician Signature

Date

PARENT RELEASE

In consideration of _____ being allowed to participate in competitive sports and
(name of student)
intending to be legally bound I do hereby discharge the Roman Catholic Diocese of Pittsburgh, the Bishop of the
Diocese, Catholic Institute, and _____ Catholic School of the city of _____
(name of school)
and/or the School Athletic Association, their agents and their successors from any/all actions or suites in law or
equity which I/We might hereafter have, by reason of injuries sustained by my child participating in sports or in
transit to or from participation in sports.

Mother's Signature

Date

Father's Signature

Date

Mother's Employer _____ Address _____ Phone _____

Father's Employer _____ Address _____ Phone _____

Insurance Covering Athlete: Blue Cross _____ Blue Shield _____ Major Medical _____ Other _____

Policy Number _____ Group Number _____

Please check if you do not have Medical Insurance Coverage _____

Coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance Programs. However, the Diocese will provide payment up to \$1,000.00 toward the balance of athletic injury, medical costs in excess of an individual's own coverage (Hospitalization, DPA, Blue Cross, Blue Shield, Major Medical, etc). This payment is subject to strict limitations and no claim will be considered without full information required. As in the past, expenses beyond one-year of accident date are not eligible expenses.

I have read the above and will comply:

Parent or Guardian's Signature

Date