

St. Lawrence Sports Registration Form

Please Check Appropriate Sport:					
Baseball	Basketball	Softball	Soccer	Volleyball	

Child's Name: _____ M / F (Circle One) Date of Birth: _____

Address: _____ Zip: _____ Phone: _____

Mother's Name: _____ Father's Name: _____

School Attending: _____ Grade: _____

Youth YS(6-8), YM(10-12), YL(14-16) Adult AS, AM, AL, AXL Shirt Size (Circle One)	Youth YS(6-8), YM(10-12), YL(14-16) Adult AS, AM, AL, AXL Shirt Size (Circle One)
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CONSENT FOR EMERGENCY MEDICAL TREATMENT AND HOLD HARMLESS AGREEMENT

The parents / legal guardian of _____, give permission for emergency medical treatment of this child for illness or accident if we cannot be first contacted.

Emergency Phone Number of Parent / Guardian Name: _____ Phone: _____

Emergency Contact Other Than Parent / Guardian Name: _____ Phone: _____
 Relationship: _____

Does your child have any allergies or require special medication? NO / YES Explain Below:

My child has my permission to participate in the sports program sponsored by the St. Lawrence Athletic Association. I understand that this includes, but is not limited to, practices, home games, tournaments, and banquets. I hereby agree that the Archdiocese of Cincinnati, St. Lawrence Church, St. Lawrence Athletic Association, their members, volunteers, coaches, or officers shall not be held liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of St. Lawrence Athletic Association during the sports season. We further agree to indemnify and hold harmless - Archdiocese, St. Lawrence Athletic Association, their members, volunteers, coaches, officers, or designates of any kind from claim whatsoever. We also agree that the Knothole District 14, Girls Western Athletic Conference, Boys Western Athletic Conference, Soccer Association for Youth, their members, volunteers, coaches, or officers shall not be held liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of said league during the sports season. We further agree to indemnify and hold harmless their members, volunteers, coaches, officers, or designates of any kind from claim whatsoever.

Parent / Guardian's Signature: _____ Date: _____

Do Not Write Below			
Playing Age As of / / _____		Division: _____	
Fee Paid: \$ _____	Cash _____	Check#: _____	
Rec'd By: _____		Date: _____	
Team Assigned: _____		Coach: _____	