

**Saint Aloysius
Sports Registration
Please Print**

Sport Registering for:

Please Circle:
BOYS GIRLS

Sport:

Player's Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Current School: _____ Player's Grade: _____

If school is not St. Aloysius, are you a member of the Parish? _____ Is the player enrolled in PREP? _____

Parent / Guardian Name(s): _____

Parent / Guardian Phone(s): _____

Parent / Guardian Email Address(es): _____

Uniform Shirt Size (circle one): YS YM YL YXL AS AM AL AXL

Uniform Short Size (circle one): YS YM YL YXL AS AM AL AXL

Emergency contact in case Parent/Guardian can't be reached:

Name: _____ Phone: _____

The player and parent/guardian acknowledge that they have read and understand the St. Aloysius Sports Handbook. The player and parent/guardian agree to abide by the St. Aloysius Sports Handbook. The player and parent/guardian further acknowledge that they abide by the rulings of the Athletic Director, Assistant Athletic Director and/or Athletic Advisory Board.

Are you willing to coach? (circle one): **YES** – Head Coach **YES** – Assistant **NO**

Parent / Guardian Printed Name(s): _____

Parent / Guardian Signature(s): _____

Date: _____

Athletic Board use only:

Payment received by: _____ Check #: _____ Date: _____

Deposit received by: _____ Check #: _____ Date: _____

Saint Aloysius
Health Information & Medical Authorization
Please Print

Sport Participating in: _____

Player's Name _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

Player's Grade _____ Home Phone _____ Emergency Phone _____

Parent/Guardian(s) _____

Emergency contact in case Parent/Guardian can't be reached:

Name _____ Relation to Player _____

Phone _____

Have or subject to (check applicable):

Asthma _____ Diabetes _____ Fainting Spells _____ Heart Trouble _____ Convulsions _____

Allergy or reaction to any medications (specify) _____

Other (describe) _____

Has Difficulty with (check applicable):

Digestion _____ Lungs _____ Eyes _____ Ears _____ Nose _____ Throat _____ Other _____

Difficulty with bone growth or development? _____ Explain _____

Any condition requiring regular medication? _____ Name of Medication _____

Are all immunizations up to date? _____ Date of last booster _____

Any restrictions on activities for medical reasons? _____

Explain _____

Physician's Name _____ Phone _____

Insurance Company _____ Policy/ID No. _____

Any special information _____

School which child attends _____ Phone _____

Parent Authorization

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission for an adult leader to take the child to the nearest hospital emergency room and for the physician, selected by the adult leader, to administer whatever medical treatment is deemed appropriate, including, but not limited to, injections, anesthesia, oral medications, surgical procedures and hospitalization. I will be responsible for payment of bills incurred due to medical expenses rendered.

I understand that by signing this document, I release Saint Aloysius, its directors, agents, employees, and volunteers from any liability associated with injury suffered due to my child's participation in the above listed sport. I also understand this information will be provided to the player's coach(es).

Parent / Guardian(s) Signature _____ Date _____