

DIOCESAN ATHLETIC INTERSCHOLASTIC PROGRAM REGISTRATION FORM

PHYSICIAN'S CERTIFICATE

I hereby certify that _____ (NAME OF ATHLETE) has been examined by me and found physically fit to engage in all Diocesan interscholastic athletics for the school year 2007 - 2008.

PHYSICIAN'S SIGNATURE _____ DATE _____

GENERAL INFORMATION:

NAME OF ATHLETE _____ SEX: M _____ F _____

ADDRESS _____ PHONE _____

GRADE _____ AGE _____ DATE OF BIRTH _____ SS# _____

PARENT(S)/LEGAL GUARDIAN(S) _____

ADDRESS _____ HOME PHONE _____ WORK PHONE _____

FATHER'S SS# _____ MOTHER'S SS# _____

ANOTHER PERSON TO CONTACT _____

RELATIONSHIP _____ PHONE # _____

ALLERGIES AND OTHER MEDICAL CONCERNS _____

MEDICAL INSURANCE:

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____ GROUP NUMBER _____

ELIGIBILITY - CCD STUDENTS

This student is an active member of _____ (NAME OF PARISH) Religious Education Program. He/She will be participating all year in the Religious Education Program.

(signature of pastor or designee) _____ (date)

PARENT CONSENT STATEMENT

By signing this form, I _____ (NAME OF PARENT/GUARDIAN) certify that I request and give my permission for _____ (NAME OF CHILD) to engage in the Diocesan interscholastic athletic program. I release the participating schools, principals, coaches, Knights of Columbus, the Diocese of Nashville and their representatives from any and all liability and waive claims against them.

(signature of parent or legal guardian) _____ (date)

NOTE TO PRINCIPALS AND COACHES:

COACHES MUST HAVE A COPY OF THIS FORM FOR EACH ATHLETE AND SHOULD KEEP IT ON HAND FOR ALL GAMES AND PRACTICES. A COPY OF THIS FORM FOR EACH ATHLETE MUST BE ON FILE IN THE PRINCIPAL'S OFFICE BEFORE HE/SHE CAN PARTICIPATE IN ANY FORM OF THE DIOCESAN INTERSCHOLASTIC PROGRAM