

**St. Mark Catholic School
Registration and Medical Release**

Please Circle the Activity you will be participating in this year. Activity Name: Boys Baseball, Boys' Basketball, Girls' Basketball, Girls Cheerleading, Boys & Girls Cross Country, Boys Lacrosse, Boys Soccer, Girls Soccer, Boys' Tennis, Girls' Tennis, Boys & Girls Track, Girls' Volleyball, , Volleyball Clinic, T-Ball, Basketball Clinic, Little Lions

Your Child's Information:

Name: _____ Goes by: _____ Age: _____ M/F: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____

Parent(s)/Guardians(s) name: _____ Home Phone: _____

Alternate phone number(s): cell: _____ work: _____

Emergency Contact (not parent) name: _____ Phone: _____

Medical Info:

Does the above named youth have any medical condition(s) the group leaders should be aware of? (i.e. allergies, faint easily, asthma, etc.)

Please name any restrictions this may place on the youth: _____

Name any medication(s) the above named youth is taking: _____

Reason: _____ Dosage/Time: _____

Medication: _____

Reason: _____ Dosage/Time: _____

Does the above named youth have any allergies to or medical/dietary restrictions/requirements?

Physician: _____ Phone: _____

Medical Insurance Company: _____ ID#: _____

Policyholder Name: _____

Parent Release:

By signing below I testify that I have responded to the above questions in a truthful manner, and that I understand that I am releasing St. Mark Catholic School, the Diocese of Raleigh, and any Adult Youth Leaders from any responsibility for any injuries, which may be incurred by my youth during the above named activity.

I give consent for my youth to receive necessary emergency medical attention and treatment at the nearest medical facility. I agree to be liable and pay all costs and expenses incurred in connection with my child's medical treatment.

I agree that I have been made aware of all behavior expectations for my youth and that I remain fully responsible for any liability that may result from personal action taken by my youth. I also agree to attend a pre-season parent meeting at least once this year before your child's sport season.

Parent/Legal Guardian Name: _____

Phone: _____ Date: _____

Prescribed Medication Administration Permission

I hereby give my permission for my child _____ to receive medication while participating in the above named activity/event. I understand that St. Mark Catholic School undertakes no responsibility for the administration of the medication. A licensed physician has prescribed this medication. I hereby release St. Mark Catholic School and their agents and employees from any and all liability that may result from my child taking the prescribed medication.

Signature of Parent/Guardian

Date

Fee Schedule

Must join the Booster Club and pay a \$50 Activity Fee for the sport

- Boys Baseball
- Boys Basketball
- Girls Basketball
- Boys Lacrosse
- Boys Soccer
- Girls Soccer
- Girls Volleyball

Must join the Booster Club

- Girls Cheerleading
- Boys & Girls Cross Country
- Boys Tennis
- Girls Tennis
- Boys & Girls Track