

INFANT JESUS OF PRAGUE (IJP) SPORTS REGISTRATION

ACTIVITY: _____ Grade (during season): _____

Choose one: IJP School Religious Ed. Sex _____ Date of Birth _____

Player _____
Last Name First Name Home Phone

Street Address _____ City _____ ZIP _____

Mother/Guardian's Name _____ Work Phone _____ Cell Phone _____

Father/Guardian's Name _____ Work Phone _____ Cell Phone _____

Parent/Guardian's Email Address(es): _____

PARENT/GUARDIAN AUTHORIZATION TO GIVE MEDICAL TREATMENT TO MINORS. We, the parents/guardians of the player hereby authorize any health personnel (including but not limited to paramedics, physicians, and nurses) to administer emergency first aid, medical or surgical treatments or procedures deemed necessary. We also accept full responsibility for all related fees, charges and costs.

Attendance is mandatory at a pre-season meeting for all parents; you must attend the meeting for your child to participate in IJP's athletic program.

In order to maintain a viable program, parental participation is required. Please check the area for which you are volunteering:

Coach Concession Stand
 Assistant Coach Timer/Scorekeeper

Failure to fulfill these obligations will jeopardize your child's participation in the program.

We, the parents/guardians of this participant in the IJP athletic program, hereby give our permission and approval for his/her participation in all such sports activities. We assume all risks, hazards and liabilities incidental to such participation, including but not limited to transportation to and from activities. Further, we do hereby waive, release, absolve, indemnify and hold harmless IJP and all its entities and all organizers, sponsors, supervisors, participants, coaches and persons transporting our child to the fullest extent possible. Further, we hereby acknowledge that there is no medical condition that hinders, affects or prevents our child from participating in the scheduled activities. In the space below, we have noted any special needs or conditions that should be shared with the coach (medical allergies, health alerts, etc.). We agree to return the equipment/uniforms issued to our child in as good condition as when received except for normal wear and tear.

We are aware of the IJP Philosophy and Guidelines for the Athletic Program, and we agree to abide by its contents. We are also aware of and agree to the IJP Code of Conduct for Athletes and Parents outlined in the Athletic Handbook and defined under the sections entitled PLAYER PARTICIPATION & RESPONSIBILITIES AND PARENTS' ROLES & RESPONSIBILITIES as well as the Guidelines and Consequences for non-compliance. For specific rules and requirements of the parents and players, please reference the handbook at www.ijpparish.org/SchoolFiles/IJPAthleticHandbook.pdf. We understand that our child must be enrolled in, and actively attending, either IJP School or IJP's Religious Education Program. Participant initial _____ Parent initial _____

Medical Conditions: _____

Participant: _____ Parent/Guardian: _____

Date: _____

APPLICANT IS NOT CONSIDERED REGISTERED WITHOUT FULL PAYMENT AND PARENT/GUARDIAN SIGNATURE

Amount Paid _____ Check# _____ Cash (circle one) _____ Received by _____ Date _____
Late Registration Fee \$25.00 Cancellation Fee \$50.00