

Health and Registration Form

Dear Parent(s) / Guardian(s), It is recommended that a physician examine all children participating in the St Christina Athletic Association Sports Programs before participating. Please read the following, fill out the form completely, and return it with your signature and initials to your child's coordinator. This form, along with the fee(s) and deposit(s), must be returned before your child may receive his/her uniform.

Athlete's Full Name: _____

Parent(s) / Guardian(s): _____

Address: _____

Work # : _____ Cell # : _____ Home # _____

Date of Birth: _____ Sex : F ___ M ___ Grade: ___ CCD: ___

Emergency Contact Name: _____ Phone #: _____

Please list any allergies / medical conditions: _____

Health Insurance: Any athlete participating in the St. Christina Athletic Association's Sports Programs must carry an adequate health / accident policy. If you do not have a family policy, you must obtain the health / accident policy provided through St. Christina School. Please initial for indicating proof of insurance: _____

Release: After being examined by a physician, my child was found to be physically fit to participate in the St. Christina Athletic Association's Sports Program. I hereby give my consent for his / her participation without any restriction. I also agree that if an injury or bodily harm becomes my child, whether in practice, traveling to or from a regularly scheduled game, or otherwise, I will not hold the Archdiocese of Chicago, the Chicago Board of Education, the Chicago Park District, St Christina Parish, St. Christina School, the Athletic Association, or the coaches of the team, responsible for such injury or bodily harm. By my signature below as parent or guardian, I, nor anyone of my family, heirs, executors, or administrators of my estate, will hold any of the aforementioned above, responsible for any accident or injury incurred as mentioned herein. In all, I assume all risks and expenses, which may incur in the way of bodily harm to my child.

Please be advised that _____ has permission to participate in a St. Christina Athletic Association Sports Program. I have read the above release form and I am in full agreement. I have also read and agree to the Rules and Regulations Form.

**Parent/Guardian Signature: _____ Date: _____

Email Address: _____

Please circle any other sports your child is participating in:

Baseball Basketball Cheerleading Football Flag Football Golf Soccer Volleyball

**Parent/Guardian Signature is an agreement that all legal Parents(s)/Guardian(s) of athlete agree to conditions set forth in the Health and Registration Form