

St. Martin of Tours Athletic Program Registration

This form should be filled out in its entirety to register your children for any of the sports offered at St. Martin of Tours (Soccer, Volleyball, Basketball and Track). Please complete all sections (Registration, Consent and Physical Exam form, and payment), and return the completed forms to the school office. We regret the inconvenience, but we must have one set of forms per child per sport.

Please check ___ Fall Soccer (K5 through 8th Grade)
 ___ Fall Volleyball (5th through 8th Grade)
 ___ Fall Basketball (5th through 8th Grade)
 ___ Spring Track (5th through 8th grade)

 Child's Name (Last, First & MI)

 Child's Grade

 Street Address

 Phone Number

 City

 Zip

 Birth Date

 Father/Guardian Name

 Daytime Phone Number

 Mother/Guardian Name

 Daytime Phone Number

Is Email the best way to communicate with you? ___ Email _____

School attending (if not St. Martin of Tours). _____

**Please note that public school students must be registered and active in St. Martin of Tours Christian Education program.*

Permission: I hereby give permission for the student named on this form to practice, compete and represent St. Martin of Tours in approved interscholastic sports. I am fully aware of my commitment to be involved as a family member and of my child's responsibilities as a participant of the St. Martin of Tours Athletic Association. I agree to be financially responsible for the safe return of all athletic equipment and clothing issued to my child.

 Signature of Parent or Legal Guardian

 Date

Fees: \$75 per sport to cover Uniforms, Equipment, League and Tournament Fees

Please make checks payable to St. Martin of Tours School

Office Use Only:

Total fees: _____ Check number: _____ Date: _____

**St. Martin of Tours Athletic Program
Consent Form**

Child's Name (Last, First & MI)

Emergency Contact Name

Phone Number

Family Physician Name

Phone Number

Child's Known Allergies

Medical Problems/Medications

Date of last Tetanus Immunization: _____

Insurance information

Subscriber Name

Group Number

Policy Number

Company

Emergency treatment consent

If at any time my child requires hospital treatment to protect him/her from death or permanent bodily harm or to alleviate serious pain and suffering even though irreversible bodily harm is not imminent, I hereby consent to his/her receiving any or all aspects of such treatment from whatever hospital may be closest at the time.

Signature of Parent or Legal Guardian

Date

I understand the emergency treatment policy, but do not wish to complete the consent form:

Signature of Parent or Legal Guardian

Date

Waiver of Liability

I hereby waive, release and forever discharge any and all claims against the Archdiocese of Milwaukee, St Martin of Tours Parish, its commissioners, employees, volunteers or agents for damages and/or injuries to my child which may arise from the participation in St. Martin of Tours Athletic Association Programs.

Signature of Parent or Legal Guardian

Date

**Archdiocese of Milwaukee Physical Examination Form
Elementary School Interscholastic Athletics
(Boys and Girls)**

*Approval for two years of competition. Examination cannot be taken before May 1st.

Student's Name: _____
Last Middle Initial First

Place of Birth: _____ Age: _____ Grade: _____ Gender: _____
City, State

Date of Birth: _____ Weight: _____ Height: _____

School Name: _____ City: _____

The above named student has been examined and there are no apparent contraindications to participating in interscholastic athletic activities, except as follows:

Sports or school activities in which this student cannot participate are: (if none, write 'None'):

If the student is restricted or disqualified, please indicate reason(s):

If approved for only one year of competition, please check here: _____

Date of Examination: _____

Signature of licensed physician: _____

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

Telephone: _____

All boys and girls participating in interscholastic athletics must have this form on file at their school prior to practice or participation.

-Archdiocese of Milwaukee