

SGCS ATHLETIC BOOSTERS - Athlete Registration Form

Athlete's Name: _____ Grade: _____ Mother's Name: _____

Father's Name: _____ Guardian's Name: _____

Address: _____ City: _____ Zip: _____

ATHLETE CODE OF CONDUCT - As a participant in a SGCS Boosters' activity, I agree to abide by the rules of conduct listed in the Booster's Athletic Handbook (located on the Booster page of the school handbook). I acknowledge that this list encompasses my conduct in activities related to or during any event sponsored or sanctioned by the SGCS Boosters that I attend or participate in. I understand that if I violate any of the listed rules of conduct I may be subject to whatever disciplinary action is deemed appropriate by the SGCS Boosters' Board, including individual game(s) or season suspensions.

I have read and understand the SGCS Student/Athlete Code of Conduct and will comply with this Code of Conduct.

Student Athlete Signature: _____ **Date:** _____

PARENTS' CODE OF CONDUCT - As a parent of a SGCS student athlete, I agree to abide by the rules of conduct listed in the Booster's Athletic Handbook (located on the Booster page of the school website). I acknowledge that this list encompasses my conduct in activities related to or during any event sponsored or sanctioned by the SGCS Boosters that I attend or my child participates in. I also understand that I am responsible for the conduct of spectators that I bring to a SGCS activity including siblings, other family members, or friends. I understand that if I violate any of the listed rules of conduct I may be subject to whatever disciplinary action is deemed appropriate by the SGCS Boosters' Board.

I have read and understand the expectations for my child as an athlete for SGCS. I will comply with the SGCS Student/Athlete Code of Conduct for my child. In addition, I have read, understand, and will comply with the SGCS Parents Code of Conduct.

Parent Signature: _____ **Date:** _____

SGCS Athletic program is staffed by 100% volunteers – we can only provide as many sports and support as we have volunteers to provide that support. Please consider sharing your time in one of the following areas:

PLEASE CHECK ALL AREAS YOU HAVE INTEREST:

Carpooling _____ Booster Board Officer _____
 Coaching _____ Gym Coordinator _____
 Team Parent _____ Equipment Manager _____
 Sport Coordinator _____ Fundraising _____
 Sports Banquet Committee _____ Other Area of Interest: _____

UNIFORM SIZE:

Jersey/Top: Child - SM MED LG XLG
 Adult - SM MED LG XLG

Shorts/Skirt: Child - SM MED LG XLG
 Adult - SM MED LG XLG

*NOTE: Spanky pants for cheerleaders, spandex shorts for volleyball, pants for baseball/softball, shoes and socks for all sports are the responsibility of parents for purchase. Students keep these items at the end of their season.

FEE'S - Check which sport you are registering for:

Girls Basketball	\$125		
Girls Cheerleading (8 th grade only)	\$125		
Girls Volleyball	\$125		
Boys Basketball	\$125		
Boys Volleyball	\$125		
Girls Softball	\$125		
Boys Baseball	\$125		
Family maximum of \$500 per year, please check here if your check is for less than the full amount because you have reached this maximum. Does not include Golden Bear football or Bethany track.			
Late Fee (if registration received after registration closes – May 15 for Fall)	\$20		
TOTAL FEE DUE			
PLEASE MAKE CHECKS PAYABLE TO SGCS BOOSTERS.			

MEDICAL INFORMATION/RELEASE

Does your child have any allergies or require any special medical attention or medication? Yes/No (circle one)

If yes, please explain: _____

To the best of my knowledge, my child is physically fit and able to participate in athletics and I agree as parent/guardian to furnish a doctor's statement to this effect if requested by the Athletic Booster Board. It is understood that SGCS Athletic Boosters do not take responsibility for the physical fitness of players and as parent/guardian, I bear the responsibility for my child's physical condition. I hereby agree that SGCS Athletic Boosters and its members, coaches, or officers shall not be liable for any injury of loss which my child may sustain while participating in activities of any kind, and I agree to indemnify and hold harmless SGCS Athletic Boosters and its members, coaches, officers, or designates of any kind from any claim whatsoever.

Parent/Guardian Signature: _____ Date: _____

ST. GABRIEL CONSOLIDATED SCHOOL

Emergency Card

Student Name _____ Grade _____

Address _____

City _____ Zip Code _____

Telephone Number _____ Birthdate _____

Father/Guardian's Name _____

Address (if different from above) _____

Home Telephone Number _____ Work Telephone Number _____

Cellular Number _____ Pager Number _____

Place of Employment _____

Mother/Guardian's Name _____

Address (if different from above) _____

Home Telephone Number _____ Work Telephone Number _____

Cellular Number _____ Pager Number _____

Place of Employment _____

In the event this student becomes ill at school but does not need medical attention,

Name two people to be contacted if you cannot be reached:

Name _____ Telephone _____

Is this person a neighbor or a relative _____

Name _____ Telephone _____

Is this person a neighbor or a relative _____

PLEASE COMPLETE BOTH PAGES

EMERGENCY MEDICAL AUTHORIZATION

(State of Ohio Revised Code Section 3313.712)

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

PART I OR PART II MUST BE COMPLETED

PART I To Grant Request

In the event reasonable attempts to contact me or (other parent's name) _____ have been unsuccessful (see other page for phone numbers where I/we can be reached), I hereby give my consent for: (1) the administration of any treatment deemed necessary by (preferred physician) Dr. _____ or (preferred dentist) Dr. _____, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessary for such surgery, are obtained before surgery is performed.

Physician's Phone Number _____ Dentist's Phone Number _____

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted.

Date _____ Signature of parent/guardian _____

(DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

PART II Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the school authorities to take no action or to: _____

Date _____ Signature of parent/guardian _____

PLEASE COMPLETE BOTH PAGES

CYO ATHLETICS
AGREEMENT AND RELEASE OF LIABILITY
(With consent of Parent or Guardian of Minor)

DATE _____

NAME OF PLAYER _____ PHONE _____

ADDRESS _____ ZIP _____ DATE OF BIRTH _____

PARISH/SCHOOL _____ GRADE _____ SCHOOL YEAR _____

I acknowledge that participating in the sports of basketball, baseball, football, softball, track and volleyball (the "Sports") can be dangerous activities involving many risks of injury. I further acknowledge that Catholic Youth Sports Organization, Inc. (the "CYO") is a non-profit corporation formed to advance league play of the Sports, the efforts of which directly benefit me. I, in consideration of the acceptance of me by the CYO as a participant in a sports league release and forever discharge any and all liabilities, claims, losses, demands, costs, expenses, or rights of action, of whatever kind or nature, which I have or which may hereafter accrue to me against the CYO, the parish/school listed above, or their respective trustees, officers, employees, coaches, agents, administrators, members, sponsors, promoters or affiliates, arising from or by reason of any bodily or personal injury or property damage which may be sustained by me directly or indirectly in connection with my participation in any of the Sports during or following the above school year. I agree, for myself and successors, that this Agreement and Release of Liability contains the entire agreement between myself and the CYO and that the terms hereof are contractual and not a mere recital. I currently have no know physical or mental condition that would impair my capability for full participation as intended and expected of me (except for _____).

SIGNATURE OF STUDENT: _____ DATE _____

PARENT OF GUARDIAN OF A MINOR: I, as parent or guardian of the Student, represent to the CYO that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in the Sports during the above school year, and further agree, individually and on behalf on my child or ward, to the terms of the above Agreement and Release of Liability.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATUE OF WITNESS: _____ DATE _____