



**St. John School  
After School Sports  
Registration Form**



**Be Responsible Be Respectful Be Honest  
Be Kind Be Your Best**

Name of child: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Physical/medical limitations: \_\_\_\_\_

\_\_\_\_\_

As the parent/guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the St. John School After School Sports Program. I understand there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling for this sport and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed above.

In addition, I hereby waive release and hold harmless St. John School, its officers, coaches and sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of the designated sport and activities incidental thereto.

**Emergency Contacts:**

\*\*Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\*Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical/Emergency Information:** I give permission to the coach assigned by St. John School to administer basic first aid to my child named above. In the event of an emergency, I hereby give permission to transport this child to the hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or physician.

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**By signing below, I state that I have read and understand the academic and behavioral eligibility guidelines and all other policies concerning after school sports programs as set forth in the school handbook and I understand the coaches selected by the school are volunteers and will do the best they can to ensure each player has a positive sports experience.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please turn completed form in to head coach.