

BISHOP JOHN CARROLL SCHOOL SPORTS REGISTRATION

1100 NW 32nd Street, Oklahoma City, OK 73118

(405) 525-0956

(405) 523-3053 (fax)

Age _____ Grade _____ Birth Date _____ Male _____ Female _____

Student Name _____
(Only one student per form)

Address/City/State/Zip _____

Parent's Names (PLEASE PRINT)

Mother _____ Father _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Mobile Phone _____ Mobile Phone _____

Email _____ Email _____

Sport(s):

\$50.00 Uniform deposit required (separate check please) (returned after uniform is returned as season's end)

1. _____ Cost \$ _____ Check/Cash

2. _____ Cost \$ _____ Check/Cash

3. _____ Cost \$ _____ Check/Cash

Soccer (Grades K-8) \$45.00

Volleyball (Grades 5-8) \$45.00

Basketball (Grades 4-8) \$55.00

Due 09/01/2011

Due 09/01/2011

Due 09/15/2011

Bishop John Carroll School Release & Indemnification Agreement

The undersigned, being the parent and/or legal guardian of _____ (insert student's name), in consideration of the agreement by Bishop John Carroll School to allow my child to participate in the sport(s) listed above, hereby agrees as follows:

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in the above described sport(s).
2. That, in the event any claim is made by my child for injuries or damages sustained by my child as a result of my child's participation in the above described sport(s), I shall hold Bishop John Carroll School harmless from, and indemnify it against, any such claim, including reasonable attorney's fees incurred by _____ (insert student's name) in connection therewith, whether or not such claims result in litigation.

The undersigned acknowledges that my child's participation in the above described sport(s) may reasonably be considered a dangerous activity(ies). This Agreement is executed by the undersigned upon the understanding that Bishop John Carroll School will use best efforts in the conduct of the above described sport(s).

Signed _____ Date _____
(Parent/Guardian)

***In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to my child by a qualified physician in the event I cannot be reached.

Signed _____ Date _____
(Parent/Guardian)

Please list any allergies or difficulties that the staff should be aware of

UNIFORMS: I understand that all uniforms issued must be returned to the Athletic Commission, clean and in satisfactory condition upon the conclusion of the season. If a uniform is not returned, then the Athletic Commission will bill me the replacement cost.

PARENTS: Please check if you would have an interest in helping with any of the following:

- () Coaching _____ (sport/season) () Scorekeeping
() Parent Contact for Team () Other _____