

PHYSICAL DATE _____
Alt. Phy Date _____

OFFICE USE
Code Of Conduct _____ Concussion _____

FEE PAID _____
Check # _____

ST. JOHN BOSCO CATHOLIC SCHOOL
REGISTRATION
VOLLEYBALL (and/or) BASKETBALL

(PLEASE PRINT)

STUDENT NAME _____

GRADE 4th _____ 5th _____ 6th _____ 7th _____ 8th _____

PARENTS/GUARDIAN: EMAIL: _____

MOTHER'S NAME _____ PHONE _____

ADDRESS _____ CELL/WORK _____

FATHER'S NAME _____ PHONE _____

ADDRESS _____ CELL/WORK _____

**ENCLOSE \$30.00 REGISTRATION FEE (MAKE CHECKS PAYABLE TO ST. JOHN BOSCO ATHLETICS)
RETURN TO ST. JOHN BOSCO SCHOOL, 730 W Maple St., STURGEON BAY, WI 54235**

**PARENT'S PERMISSION IN CASE OF EMERGENCY
IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED CONTACT:**

NAME _____ RELATIONSHIP _____

PHONE _____

NAME _____ RELATIONSHIP _____

PHONE _____

PHYSICIAN _____ PHONE _____

INSURANCE _____ POLICY # _____

I hereby authorize the coach to use their judgment in case of illness, injury or other emergency.

The following procedure will be followed in informing parents concerning emergency cases.

1. Parents will be called to indicate what should be done. If parents can't be reached the person indicated by parents will be called.
2. If immediate action is necessary, an ambulance will be called and parents notified.
3. If deemed feasible, a doctor will be called to give advice as to what should be done.
4. Treatment will be administered according to doctor's advice.

ST. JOHN BOSCO ATHLETICS OFFERS NO INSURANCE PROGRAM; PARENT(S) MUST ASSUME FULL RESPONSIBILITY FOR ANY ILLNESS OR INJURY INCURRED DURING GAME/PRACTICE/TRAVEL IN OUR PROGRAMS. I FULLY UNDERSTAND THAT I/WE MUST PROVIDE COVERAGE FOR MY SON/DAUGHTER WHILE PARTICIPATING IN THE ACTIVITIES PROVIDED BY ST. JOHN BOSCO ATHLETICS.

*PARENT'S SIGNATURE _____ DATE _____