

**HOLY CROSS ATHLETICS
REGISTRATION / PERMIT FORM
(Track only athletes)**

Athlete's Name _____ **Grade (Spring 2012):** _____

Father's Name _____ Mother's Name _____

Address _____ Address (note if same) _____

City/Zip _____ City/Zip _____

(HOME PH) _____ (CELL PH) _____ (HOME PH) _____ (CELL PH) _____

Email address: _____ Email address (note if same): _____

Family Physician _____ Family Dentist _____

Health Insurance Provider _____ Policy/Group # _____

The undersigned parent/guardian of (name of student) _____, hereby consents to the participation of his/her child, in practice and competition for and in interscholastic athletic events and contests as a representative of Holy Cross Athletics for the school year 2012, and does also hereby permit said child to travel to and from such events and contests as directed by said athletic program. In consideration of the permission extended to said child by said athletic program, through its officers and agents, to so participate and engage in such events and contests, the undersigned releases the said athletic program and affiliated school and parish officially or otherwise, of and from all liability and claims that may accrue to the undersigned or said child or both, on account of any injury (including death) sustained by said child which may occur from any cause while engaged in practice for said events and contests, or while competing therein, as well as while traveling en route to and from said events and contests, as an incident thereto. The undersigned agrees to be financially responsible for the safe return of all athletic equipment issued to the above named athlete. The undersigned further grants permission for son/daughter to be given immediate emergency or non-emergency first aid care in case of injury as the result of his/her participation in said athletic program.

No student is permitted to participate unless covered by health insurance. Holy Cross Athletics Registration/Permit Form is required to be on file with the Athletic Director prior to participation in the athletics program.

Fee - \$25 – checks payable to *Holy Cross Athletics* must be received prior to participation.

Eligibility: Students enrolled in Holy Cross day school or students enrolled in Holy Cross Faith Formation. All other applicants will be considered on an individual basis in accordance with the Diocesan Guidelines.

The undersigned parent/guardian has read the above registration form and agrees to the requirements set forth therein.

PARENT/GUARDIAN (SIGNATURE): _____ **DATED:** _____