



St. Theodore Guerin Catholic High School Spring 2012 Athletic Registration Form

Student Name: _____

STEP 1: Please indicate the sport for which your student is registering:

Sport	Registration Deadline	Registration Fee	Uniform Deposit
<input type="checkbox"/> Baseball	02-28-12	\$200	\$100
<input type="checkbox"/> Men's Golf	02-28-12	\$150	-
<input type="checkbox"/> Men's Lacrosse	01-30-12	\$175	\$100
<input type="checkbox"/> Women's Lacrosse	01-30-12	\$175	\$100
<input type="checkbox"/> Women's Tennis	02-28-12	\$150	-
<input type="checkbox"/> Softball	02-20-12	\$175	\$100
<input type="checkbox"/> Track & Field	01-30-12	\$150	\$100

The registration fee is non-refundable *unless* your student attends the required tryouts and does not make the team. Any required practice gear is purchased at your own risk and will not be reimbursed even if your student does not make the team. A \$25 late fee is due for registration forms and/or fees not received by the stated registration deadline.

STEP 2: Please indicate payment method of registration fee. Cash/Check (please enclose) Credit Card (please provide card info below; a 3% convenience fee will be added)

STEP 3: Please provide uniform deposit.

If applicable, a uniform deposit is required in the event that your student does not return his/her uniform. Please provide the following information. By signing below, I understand that if my student fails to return his/her uniform, I am authorizing Guerin Catholic High School to charge \$100 to my credit card. This information will be held in a secure location and will be shredded at the end of the season.

MasterCard Visa Cardholder's Name: _____

Card #: _____ Card Expiration Date: _____

Security Code: _____ (3- or 4-digit code on the back of your card)

Card Holder's Signature: _____ Date: _____

If you prefer, you may provide a separate \$100 check for the uniform deposit (which will only be deposited if your student does not return his/her uniform at the end of the season).

STEP 4: Complete the Athletic Agreement/Medical Release Waiver.

Please complete the Athletic Agreement/Medical Release Waiver (page 2) and submit it with this form.

STEP 5: Please return this form with payment to the Guerin Catholic Accounting Department.

Forms and payment may be mailed to: P.O. Box 557, Fishers, IN 46038. Thank you!



St. Theodore Guerin Catholic High School Athletic Agreement and Medical Release Waiver

Please read and complete the following agreement carefully, then submit it with your student's athletic registration form.

In consideration of my participation in Guerin Catholic High School Athletic Programs, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of participation as defined in the Guerin Catholic High School (GCHS) Student-Athlete Handbook
2. Readiness to Participate: I will only participate in those GCHS athletic activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have prepared myself physically and mentally to perform only those activities which I have accomplished to the degree of confidence necessary to assure that I can perform them by myself and without injury and improve the quality of my and my teammates' experience with GCHS athletics. I agree that I will follow all reasonable directions and commands of my coaching staff.
3. Medical attention: I hereby give my consent to GCHS to arrange transportation to a medical facility or onsite emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risk of injury, including the risk of catastrophic injury, paralysis, even death, as well as other damages and losses associated with participation in athletic activities.

I further agree that GCHS and its employees, agents, officers, volunteers and/or directors shall not be liable for any losses or damages occurring as a result of my participation in the athletic program, except where such loss or damage is the result of the intentional harm or reckless conduct of one of the organization or the individuals identified above.

I currently am aware that I have the following medical conditions, but these do not prevent me from participating in GCHS Athletics: _____

I am currently taking the following medications: _____

I am allergic to: _____ Date of last tetanus shot: _____

I wear contact lenses: Yes _____ No _____ Hard Lenses _____ Soft Lenses _____

Student Signature: _____ Date: _____

As a legal parent or guardian of this athlete, I hereby verify, by my signature below, that I fully understand and accept each of the above conditions for permitting my child to participate in the GCHS sport for which I have registered him/her. In the event that I cannot be reached, I hereby give my consent to the attending physicians, trainers, and coaches to secure and/or administer emergency medical aid and obtain ambulance service if needed.

Parent/Guardian Signature: _____ Date: _____

1st Emergency Contact: _____ Phone: _____

2nd Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Primary Medical Insurance Carrier: _____

Hospital Preference: _____