

SACRED HEART ATHLETIC CLUB

2019-2020 SEASON

Athletic Application

Name _____

DOB _____

Address _____

Grade _____

Phone# _____

Email - _____

Medical Information: Does/Will you child require medication or have a medical condition.

If yes, explain: _____

Emergency Contact Name/Phone#: _____

Doctors Name/Phone#: _____

Accident Waiver and Release OF Liability

I verify that my child has a current physical by a licensed physician and is able to participate in the SHS Soccer/Basketball/Cheerleading program which will include/practices/scrimmages and games. I understand that it is my responsibility to supply the transportation for my child/children to and from practices/scrimmages and games. I acknowledge that any sports activity is an extreme test of a person's physical and mental limits and carries with it the potential of death, serious injury and property loss. I certify that the cost of injuries incurred is my responsibility. I do hereby waive, release, absolve, indemnify and agree to hold harmless the SHS Athletic Department, School, parish, the organizers, supervisors and participants.

Parent/Guardian _____

Basketball _____ Soccer _____ Cheerleading _____