

**DIOCESAN ATHLETIC INTERSCHOLASTIC PROGRAM
REGISTRATION FORM**

PHYSICIAN'S CERTIFICATE

I hereby certify that _____ (NAME OF ATHLETE) has been examined by me and found physically fit to engage in all Diocesan interscholastic athletics for the school year 2012-2013.

PHYSICIAN'S

SIGNATURE _____ DATE _____

GENERAL INFORMATION

NAME OF ATHLETE _____ SEX: M _____ F _____

ADDRESS _____ PHONE _____

GRADE _____ AGE _____ DATE OF BIRTH _____

PARENT(S)/LEGAL GUARDIAN(S)

HOME

ADDRESS _____ PHONE _____

ANOTHER PERSON TO

CONTACT _____

RELATIONSHIP _____ PHONE _____

ALLERGIES AND OTHER MEDICAL CONCERNS

MEDICAL INSURANCE

NAME OF INSURANCE COMPANY

POLICY NUMBER _____ GROUP NUMBER _____

ELIGIBILITY – RELIGIOUS EDUCATION STUDENTS

This student is an active member of _____ (NAME OF PARISH)

Religious

Education Program. He/She will be participating all year in the Religious Education Program.

(signature of pastor or designee) (date)

PARENT CONSENT STATEMENT

By signing this form, I _____ (NAME OF PARENT/GUARDIAN) certify that I request

and give my permission for _____ (NAME OF CHILD) to engage in the Diocesan

interscholastic athletic program. I release the participating schools, principals, coaches, Knights of Columbus, the Diocese of Nashville and their representatives from any and all liability and waive claims against them.

(signature of parent or legal guardian)

(date)

NOTE TO PRINCIPALS AND COACHES

COACHES MUST HAVE A COPY OF THIS FORM FOR EACH ATHLETE AND SHOULD KEEP IT ON HAND FOR ALL GAMES AND PRACTICES. A COPY OF THIS FORM FOR EACH ATHLETE MUST BE ON FILE IN THE PRINCIPAL'S OFFICE BEFORE HE/SHE CAN PARTICIPATE IN ANY FORM OF THE DIOCESAN INTERSCHOLASTIC PROGRAM