

Bethany School Sports Registration Form

Please indicate the sport(s) you are registering for (Only one student per form please!)

- Golf - Boys & Girls Grades 5 - 8 (Fall) Girls Basketball - Grades 3 - 8 (Fall)
 Boys Basketball - Grades 3 - 8 (Winter) Girls Volleyball - Grades 3 - 8 (Winter)
 Track - Grades 3 - 8 (Spring)

Student's Name: _____ Home Room: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Mother's
Daytime Phone: _____ Evening Number: _____ Cell Phone Number _____

Father's
Daytime Phone: _____ Evening Number: _____ Cell Phone Number _____

Family E-mail: _____

***FEES - ALL SPORTS FEES ARE \$75.00 WHICH ARE DUE AT THE TIME OF REGISTRATION
PLEASE MAKE CHECKS PAYABLE TO BETHANY SCHOOL - DESIGNATE THE SPORT IN THE MEMO AREA***

CYO ATHLETICS AGREEMENT AND RELEASE OF LIABILITY FORM MUST ACCOMPANY THIS FORM

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the parents of _____, give permission for emergency medical treatment for our child for illness or accident if we cannot be first contacted. Person to notify other than parent in case of emergency:

Name: _____

Phone: _____

Does your child have any allergies or require any special medical attention or medication?

Yes/No (circle one)

If yes, please explain: _____

To the best of my knowledge, my child is physically fit and able to participate in athletics and I agree as parent/guardian to furnish a doctor's statement to this effect if requested by the Bethany School and/or CYO. It is understood that Bethany School and CYO do not take responsibility for the physical fitness of players and as parent/guardian, I bear the responsibility for my child's physical condition. I hereby agree that Bethany School and its members, coaches, or officers and CYO shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, and I agree to indemnify and hold harmless Bethany School and its members, coaches, officers, or designates of any kind from any claim whatsoever.

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL INFORMATION

List any **health conditions** that your child has: _____

List any **medications** that your child takes:

At home: _____ At School: _____

List all **allergies your** child has and what treatment is needed for reactions. Include Environmental, Food, Insect/Bee and Medical allergies.

Allergies _____

FEES PAID: Cash _____ Check _____ Check # _____ Received by _____ Date _____