



## 2012 Cross Country Season Parental Agreement

1. Each Family agrees to pay a \$20 fee for your child/children-this fee is payable before practice begins. The fee for First Grade runners is \$10. Their participation is limited.
2. Each Family agrees to help at the two home meets. As an example, we need people on the course for safety reasons and for direction. We also need people to help with the start/finish and concession.
3. Children are not to be dropped off unless a coach is present.
4. Parents must know the correct times to pick their child/children up at the end of each practice. It is your responsibility to be on time.
5. No siblings can be left at practice without a parent or guardian present. It is not the responsibility of the coach to watch siblings.
6. Physical contact from one student to another (i.e. hitting, slapping...) will not be tolerated. The student will be given one warning. If there is a second occurrence the student will not be permitted to participate in the next race. If there is a third occurrence the student will no longer be a part of the team.
7. Physicals need to be turned in to the coach before the first day of school. Physicals are good for one calendar year. If your child had a physical for basketball and it is on file with the school there will not be a need for another one.

If any of the above commitments are not met your child will not be permitted to run.

By registering your child to run Cross Country you are agreeing to the above items. All other Diocesan and Holy Redeemer School rules still apply.

Print Name \_\_\_\_\_ Childs/Children's \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

HOLY REDEEMER SCHOOL  
311 Lawrence Avenue  
Ellwood City, PA 16117  
2012

Cross Country Registration

FAMILY NAME \_\_\_\_\_

CHILD(REN) NAME(S) \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

Requirements:

\_\_\_\_\_ Insurance Information Form

\_\_\_\_\_ Physical Form

\_\_\_\_\_ Emergency Information Form

\_\_\_\_\_ Fee

\_\_\_\_\_ Parental Agreement

I grant permission for my child to participate in Holy Redeemer School Cross Country Program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Athlete's Emergency Information Form

Athlete's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent of Guardian's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Parent or Guardian's Work Telephone Number: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Contact: Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Medical History: (Diabetes, epilepsy, asthma, etc.) \_\_\_\_\_

Allergies: (Bee/wasp stings, candy/food, including medication) \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

### Insurance Information

Insurance Company	
Insurance Company Telephone	
Policy Number	
Identification Number	
Policy Holder	
Social Security Number	
Employer	

SCHOOL \_\_\_\_\_

PHYSICIAN RELEASE

\_\_\_\_\_ has been examined by me on \_\_\_\_\_  
(Name of student) (Date)

and my examination has found no medical reason to preclude his/her participation in competitive sports.

\_\_\_\_\_  
(Physician's signature) (Date)

PARENT'S RELAEASE

In consideration of \_\_\_\_\_, being allowed to participate in competitive sports, and intending to be legally bound, I do hereby release and forever discharge the Roman Catholic Diocese of Pittsburgh, the Bishop of the Diocese, Catholic Institute, and \_\_\_\_\_ Catholic School of the city of \_\_\_\_\_, and/or the School Athletic Association, their agents and their successors, from any/all sanctions or suits in law or equity which I/we might hereafter have, by reason of injuries sustained by my child participating in sports or in transit to or from participation in sports.

\_\_\_\_\_  
Mother's Signature (Date)

\_\_\_\_\_  
Father's Signature (Date)

Mother's Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospitalization Covering Athlete : Blue Cross \_\_\_\_\_ Blue Shield \_\_\_\_\_ Major Medical \_\_\_\_\_

Other Coverage \_\_\_\_\_ Policy # \_\_\_\_\_ Agreement # \_\_\_\_\_

Please check if you **do not** have hospitalization coverage \_\_\_\_\_.

Coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance Programs.

However, the diocese will provide payment up to \$1,000.00 toward the balance of athletic injury medical costs in excess of an individual's own coverage (hospitalization, DPA, Blue Cross, Blue Shield, Major Medical, etc.). This payment is subject to strict limitations and no claim will be considered without full information required. As in the past, expenses beyond one year of accident date are not eligible expenses.

I have red the above and will comply.

Approved: \_\_\_\_\_ (Parent or Guardian's Signature)