

## School of Saint Elizabeth Athletics: Registration Form

Athletic Director: Miss Denise Killeen 908-766-0244 ext. 25  
Principal: Mr. William Venezia 908-766-0244 ext. 11

### Athletic Program Registration 2011– 2012

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Please allow our son/daughter to compete in St. Elizabeth school athletics in the following program/s:

- |   |   |
|---|---|
| <input type="checkbox"/> Fall Girls' Field Hockey - Grades 5 - 8      | <input type="checkbox"/> Winter Boys Basketball – Grades 3-8  |
| <input type="checkbox"/> Fall Coed XCountry – Grades 3 – 8            | <input type="checkbox"/> Winter Girls Basketball – Grades 3-8 |
| <input type="checkbox"/> Fall Coed Volleyball – Grades 5 - 8          | <input type="checkbox"/> Spring Coed Track - Grades 3-8       |
| <input type="checkbox"/> K – 2 Sports Clinic (Includes Fall & Spring) | <input type="checkbox"/> Spring Girls Softball – Grades 5-8   |

**Programs may be added pending coaches and facility availability.**

I/We the parents of the above named child, who is a candidate for an athletic position on the School of Saint Elizabeth's Team/s, hereby give my/our son/daughter approval for participation. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do hereby release, absolve, and indemnify and hold harmless organizers, supervisors and any person transporting my/our child to and from the activities. I/We understand that the organizers carry limited medical insurance and that in the event of an injury the student will not be reinstated unless a note from a physician is presented to the administrator in charge.

**We have read the Saint Elizabeth Athletic Policies and Procedures and understand our responsibilities.**

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

\_\_\_\_\_  
Athletes Signature      Athletes Signature      Athletes Signature      Athletes Signature

The Athletic Association Fee pays for league fees, first aid kits, equipment, officials, Awards Ceremony and Athlete and Coaches gifts.

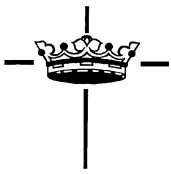
#### Athletic Association Fee

\_\_\_\_\_ \$ 50.00 per student in Grades K – 2 Includes Fall & Spring (10 % discount for additional child/ren) For Example: 1<sup>st</sup> child - \$50.00. Second Child - \$45.00.

\_\_\_\_\_ \$200.00 per student in Grades 3 – 8 (10 % discount for each additional child/ren)  
For Example : 1<sup>st</sup> child - \$200, Second child - \$180.00 .

\_\_\_\_\_ \$400 (Maximum fee for family)

The Association Fee, made payable to "School of St. Elizabeth" is required at time of registration.



# School of Saint Elizabeth Athletics: Emergency Contact Form

Seney Drive, Bernardsville, N.J. 07924

908-766-0244 (ext. 25)

## Emergency Medical Information for the School of Saint Elizabeth Athletic Programs 2011 – 2012

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Fathers Name \_\_\_\_\_ Home Tel# \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Employer's Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Tel# \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Employer's Address \_\_\_\_\_

### If a parent cannot be reached, who should the school contact to be responsible for the athlete?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

### Medical Information

Family Physician \_\_\_\_\_ Tel # \_\_\_\_\_

Allergies (include allergies to medicines, food and insects) \_\_\_\_\_

Physical disorders \_\_\_\_\_

If athlete is currently taking medicine, please list \_\_\_\_\_

Contact Lenses \_\_\_\_\_ Dental Appliances \_\_\_\_\_

Primary Insurance Co. \_\_\_\_\_ Tel # \_\_\_\_\_

Policy Issued to \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Dear Parents:

Kindly complete the information on this form. Reliable information is necessary should a sudden accident or illness occur while your son/daughter is participating in athletics. We will, of course, attempt to contact you if any type of medical attention is needed. However, in the event treatment is necessary and we are unable to contact you, your signature below will authorize the school authorities, or hospital to use their best judgment in the interest of your child's health.

### Emergency Treatment Permission

In the event of a serious, or potentially serious medical emergency and I cannot be contacted, I grant permission for medically-trained school staff to perform whatever supportive measures they deem necessary until such time as either; professional medical personnel can attend; or, transportation to a regular medical facility can be arranged. Authorization is hereby given to any doctor or hospital to perform any necessary emergency treatment of my child.

Signature of Mother \_\_\_\_\_

Signature of Father \_\_\_\_\_