

2010 Track & Field Registration

Registration is due April 16th, 2010.

Fee Schedule: Do not enclose a check; we will bill your tuition account.
Grades 4-8 \$40.00

Student Name _____ Gender: M F Grade _____

Date of Birth (MM/DD/YY) _____ Home Phone _____

Parent/Guardian Names _____ email: _____

Student's Home Address _____

Name of Emergency Contact _____

Phone Number of Emergency Contact _____

The following are special circumstances/medical situations regarding my child: _____

CYO Information: Catholic (Yes/No) Parish _____ Ethnicity _____

MEDICAL RELEASE: I, the parent/guardian of _____, authorize that my child be given emergency treatment to include first aid and CPR by a qualified staff member. In addition, I authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed for my child by his/her regular physician (or when that physician cannot be reached, by a licensed physician or hospital) when deemed immediately necessary or advisable by the physician, to safeguard my child's health, when I cannot be reached. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I waive my right to consent to such treatment and /or transportation and agree to pay the cost of such emergency care and/or transportation. I release and agree to hold Villa Academy, its agents, employees, officers, coaches, leaders, organizers, and sponsors harmless for any liability resulting from such emergency treatment and/or transportation.

PARENTAL AUTHORIZATION: I give permission for my child to participate in any school sponsored competitive athletics. In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of Seattle, Villa Academy, its agents, employees, officers, coaches, leaders, organizers, sponsors and persons transporting the athlete to and/or from activities. Neither the Archdiocese, Villa Academy, or any of said persons, shall be financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance.

Please do not enclose a check.

The signature below confirms that the CYO Track and Field participation fee is to be billed to my tuition acct # _____.

Scholarships are available—contact Marlinda Siegfried - x260

Signature of Parent/Guardian _____ Date: _____

***PARENT VOLUNTEERS:** Sign me up to volunteer as: (Please circle) Coach Asst. Coach Team Parent

Name _____ Email address: _____

Home phone _____ Work phone _____ Cell # _____



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