

ST HELEN BOOSTER CLUB
Individual Activity Registration and Parental Consent Form

ACTIVITY: _____ Child's Name: _____ Boy: _____ Girl: _____
Parent or Guardian's Name (s): (1) _____ (2) _____
Home Phone: _____ Secondary Phone: _____
E-Mail(s): _____
School Attending: _____ Parish Attending: _____
Address: _____ Zip Code: _____
Additional Phone: _____ Child's Date of Birth: _____ Age as of July 31st: _____
Years of Experience: _____ Grade_(During Season): _____ Is child playing on a select team this season? _____

MEDICAL INFORMATION:

Does your child have an existing medical problem?: _____
Allergies: _____ Contact lenses/Glasses: _____
Doctor's Name: _____ Telephone: _____
Dentist's Name: _____ Telephone: _____
Preferred Hospital: _____

Emergency Contact Name: _____ Relation: _____ Telephone: _____
(relative or friend)

PARENT/GUARDIAN CONSENT AGREEMENT:

1. Please note that the St. Helen Booster Club strongly recommends a physical exam on an annual basis. However, the physical exam is the responsibility of the parent and/or guardian.
2. I (parent/guardian) agree to discuss all special medical condition with the team coach.
3. I (parent/guardian) hereby consent to the participation of this child in the activity stated above and sponsored by the St. Helen Booster Club. In addition, I agree that this child will abide by eligibility rules established by the St. Helen Booster Club during the season. Further, I agree to return all uniforms and equipment issued to this child and be financially liable for it's loss.
4. I (parent/guardian) release St. Helen Parish, St. Helen Booster Club, all their agents, leaders, coaches, officers, assistant coaches, team helpers and driver's from all liability arising from any injury or accident sustained during the child's participation.

Parent/Guardian: _____
(Please Print)

Parent/Guardian: _____ Date: _____
(Signature)

ATTENTION: ONCE TEAMS ARE ESTABLISHED, FEES ARE NO LONGER REFUNDABLE.

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Parental help keeps the youth program at St. Helen strong. To ensure the success of our youth programs your help is requested. Please print your name next to the area you will be able to help. Thank you.

Head Coach: _____ Assistant Coach: _____ Referee: _____
(name) (name) (name)

If you are interested in helping, have you taken the Archdiocese's Child Protection Workshop? Yes _____ No _____

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SAY SOCCER APPLICANTS ONLY

I hereby agree that the Soccer Association for Youth (SAY), its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while participation in activities of any kind, whether sponsored by or under the supervision of SAY and we agree to indemnify and hold harmless SAY, its members, coaches, officers, or designates of any claims whatsoever.

Parent or Guardian Signature: _____ Date: _____