



HOLY FAMILY HIGH SCHOOL

2010

Spring Sport

Athletic Registration Packet

***Yellow packet for those who already played a fall sport

Reminder: All Holy Family and CHSAA Athletic Guidelines are in effect for all three (3) seasons; Fall, Winter and Spring

Spring Sport Registration will be February 9 and 10 from 7:30am-11:30am

For registration to be complete, the packet must include the following:

- _____ \$120.00 Per Sport Registration Fee
- _____ Athletic Registration/Emergency Information Form
- _____ Athletic Insurance Waiver/Consent for Treatment Form
- _____ Transportation Permission Slip
- _____ Parent Volunteer Athletic Contract
- _____ If Necessary- Physical/Activities Release Form (to be filled out by your Dr.) **Can also use form provided by your own doctor

Spring Sports: Baseball, Girls Soccer, Girls Tennis, Girls and Boys Track, Girls Golf

HOLY FAMILY HIGH SCHOOL ATHLETIC INSURANCE WAIVER
AND CONSENT FOR TREATMENT

Every student athlete must present a completed Insurance Waiver or Verification of Accident Insurance Coverage in order to participate in interscholastic athletics.

Athlete Name (*please print*)

Check One:

_____ I have purchased an accident insurance plan from or am covered under a family medical plan by:

_____ Insurance Company

_____ Policy Number

_____ I do not have insurance, and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter. Holy Family High School will not be held responsible for any medical bills or debts resulting from any injury to the above named athlete while participating in any scrimmage or contest.

I UNDERSTAND THAT MY SON/DAUGHTER MAY BE INJURED WHILE PARTICIPATING IN SCHOOL SPONSORED ATHLETICS. I HEREBY GRANT PERMISSION TO THE TEAM PHYSICIAN AND CERTIFIED ATHLETIC TRAINER TO ADMINISTER ANY PREVENTATIVE, FIRST AID OR EMERGENCY TREATMENTS THAT THEY DEEM REASONABLY NECESSARY TO THE HEALTH AND WELL-BEING OF MY STUDENT ATHLETE. I UNDERSTAND THE CERTIFIED ATHLETIC TRAINER MAY OFFER MY STUDENT ADVICE CONCERNING NUTRITION, HYDRATION, ULTRASOUND, ELECTRICAL STIMULATION, AND WHIRLPOOL TREATMENT.

Name of Parents/Guardian _____

Parent/Guardian Signature _____ Date _____

I UNDERSTAND THAT I MAY BE INJURED WHILE PARTICIPATING IN SCHOOL SPONSORED ATHLETICS. I HEREBY GRANT PERMISSION TO THE TEAM PHYSICIAN AND CERTIFIED ATHLETIC TRAINER TO ADMINISTER ANY PREVENTATIVE, FIRST AID OR EMERGENCY TREATMENTS THAT THEY DEEM REASONABLY NECESSARY TO MY HEALTH AND WELL-BEING.

Student Signature _____ Date _____

ACTIVITIES/PHYSICAL RELEASE
for
COLORADO HIGH SCHOOL ACTIVITIES ASSOCIATION (CHSAA)

**You may also use a physical release form provided by your family doctor

Student's Name: _____ Birth Date _____

High School: _____

CLEARANCE

- Cleared
- Cleared after completing evaluations/rehabilitation for:
- Not cleared for:
- Collision
- Contact
- Non-contact
- Strenuous Moderately Strenuous Non-strenuous

Recommendation:

Name of Physician/PA/Nurse Practitioner/Certified-Registered Chiropractor

Address

***Date of Exam:** _____

*Authorization expires 365 days after this date.

Signature: _____

**HOLY FAMILY ATHLETIC DEPARTMENT
TRANSPORTATION PERMISSION SLIP**

All student-athletes are to ride the team bus to and from games. The only exception to this rule is through prior written approval involving the coach and parent of the athlete. If a parent requests that the athlete be allowed to travel either to or from the contest with the parent, this request must be in writing and be given to the coach in advance of the contest. This policy involves only the athlete of the parent transporting him and is not to allow any other athlete to ride with another parent. The coach is under no obligation to allow this request.

Permission to ride home with athlete's parents from away game

I give permission for my athlete _____ to ride home from any away event deemed necessary with his/her parent only. I will let the coach know in advance anytime my student will not ride the bus home.

Parent Signature _____ Date _____

Permission to ride home with other parents or family members

Please do NOT fill this part out unless you know positively the name of the parent or family member and the date of the contest.

My athlete _____ has my permission to ride home from the following contests with _____ (other parents or family members).

Dates: _____

Parent Signature _____ Date _____

PARENT VOLUNTEER ATHLETIC AGREEMENT

Welcome to the Holy Family High School Athletic program! As a parent of a Holy Family High School athlete, you are expected to help in the sport that your child is going to be playing. Each sport has a Team Parent Ambassador(s). These Ambassadors are the link between the parents, and coaches. They facilitate communication and coordinate activities that affect players and their families.

Depending on the sport, you will sign up to volunteer one night for one of the following:

- Scorekeeping and Statistics
- Gate Keeping
- Working in the concession stand
- Providing team dinners, sack lunches, etc.
- Line Judges, chain gang, etc.
- Tiger Fun Run

You are expected to support your student athlete by volunteering. It is expected that every parent volunteers and shows their support to the Holy Family High School sports program. If you have any questions concerning your role as a parent volunteer, please don't hesitate to call or email the coach or your ambassador.

Thank you in advance for your support.

THIS SIGNED AGREEMENT MUST BE RETURNED WITH YOUR CHILD'S SPORTS REGISTRATION PACKET

PARENT: _____ **PHONE NUMBER** _____
Please Print

PARENT SIGNATURE: _____ **DATE:** _____