

ST. MARIA GORETTI SPORTS MINISTRY
2009 / 2010 Registration Form
(PRINT LEGIBLY PLEASE!)

Participants Name: _____

Date of Birth: _____ Grade: _____

Address: _____ City: _____

Zip Code: _____ School: _____

Home Phone: _____

Father Name: _____ Mother Name: _____

Father Cell: _____ Mother Cell: _____

Father Email: _____ Mother Email: _____

- All children (grades K-12) **registered with SMG parish** are eligible to play in the CYO or in-house leagues.
- Participants in grades 3-8 are required to have a CYO physical form signed by a physician and on file with the SMG Sports Ministry prior to the first practice.
- All families must also have a signed Parental Waiver Form on file with the Sports Ministry.
- These forms are required only once a school year (August – June).

PAYMENT MUST ACCOMPANY THIS REGISTRATION FORM.

- A late fee of \$25.00 will be charged for any registration received after the deadline.
- All uniforms/equipment must be turned in to the Sports Ministry office within one week of completion of the season.

Questions, comments or concerns can be directed to the Director of Athletics, Pat Biddlecombe at p.biddlecombe@smgonline.org

PLEASE CHECK SPORT/CAMP/CLINIC SELECTED – ONLY 1 REGISTRATION PER PAGE PLEASE:

GRADE	CYO SPORT	(X)	REG. FEE	SEASON
3 – 8	Football – Boys		\$110.00	Aug. – Oct
4 – 8	Cheer– Girls–Football/& Basketball		\$90.00	Aug. – Jan.
3 – 8	Cheer– Girls–Football		\$45.00	Aug. – Oct.
4 – 8	Cheer– Girls– Basketball		\$45.00	Oct. – Jan.
4 – 8	Cross Country – Coed		\$80.00	Aug. – Sept.
4 – 8	Basketball – Girls		\$90.00	Sept. – Nov
4 – 8	Kickball – Girls		\$75.00	Aug. – Oct
4 – 8	Basketball – Boys		\$90.00	Nov. – Jan.
4 – 8	Volleyball – Girls		\$90.00	Dec. – Feb.
5 – 8	Wrestling – Boys		\$90.00	Jan. – March
4 – 8	Soccer – Coed		\$90.00	March – May
4 – 8	Track & Field - Coed		\$80.00	March – May
7 – 8	Baseball – Boys		\$90.00	March – May

GRADE	IN-HOUSE LEAGUE		REG. FEE	SEASON
K – 2	Flag Football – Coed		\$75.00	Sept. – Oct.
K – 4	Wrestling – Boys		\$75.00	Jan. – Feb.
3	Basketball – Girls		\$75.00	Jan. – Feb.
3	Basketball – Boys		\$75.00	Jan. – Feb.
1-2	Basketball – Girls		\$75.00	Jan. – Feb.
1-2	Basketball – Boys		\$75.00	Jan. – Feb.
K – 1	T-Ball – Coed		\$90.00	April – June
2 – 6	Baseball – Boys		\$90.00	April – June
3	Track & Field - Coed		\$50.00	March – May

GRADE	CAMP / CLINIC		REG. FEE	SEASON
3 – 8	Football – Boys		\$60.00	June & July
K – 4	Wrestling – Boys		\$35.00	November
5 – 8	Wrestling – Boys		\$35.00	November
2-8	Cheer-Girls		\$35.00	July



St. Maria Goretti Sports Ministry PARENT'S CONSENT AND RELEASE

We the parents of (PRINT legibly) _____ do hereby give our approval for our child's participation in the SMG Sports Ministry activity of

_____. We assume, in consideration of our child being permitted to participate in the SMG Sports Ministry activities, all risks and hazards incidental to our child's participation in this activity, including transportation to and from said activities.

We agree to indemnify and hold harmless the SMG Sports Ministry, St. Maria Goretti Parish, the Diocese of Lafayette in Indiana and the various parishes in said Diocese, all employees, officials, representatives, agents and volunteers of said organizations or persons, from all claims, lawsuits, or actions of any kind for any and all injuries, casualties, damages, or losses incurred by us or resulting to our child by reason of our child's participation in the activities sponsored by the SMG Sports Ministry.

We further agree that no action against the SMG Sports Ministry, the Diocese of Lafayette in Indiana and the various parishes in said Diocese, the Bishop, and all employees, officials, representatives, agents and volunteers of such organizations or persons, will be brought by us on behalf of our child for any injury, casualty, loss or damages sustained by us or by our child while our child was participating in the activities sponsored by the SMG Sports Ministry.

Parent (Guardian) PRINTED Name

Parent (Guardian) Signature

Date

PARENT'S AUTHORIZATION FOR CHILD'S MEDICAL TREATMENT

We the parents of the above named child, in our absence, hereby give permission for medical treatment that reasonably appears to be necessary, to be administered to our child in the event of an accident, injury, or sickness and further authorize the staff and volunteers of SMG Sports Ministry to secure and authorize the staff and said medical treatment, We specifically assume the responsibility for payment of any such medical treatment rendered.

Parent (Guardian) PRINTED Name

Parent (Guardian) Signature

Date

Please note below any known medical conditions your child has that might be impacted by their participation in the above listed Sports Ministry activity. The parish will take reasonable care to see that the following information will be held in confidence.



Catholic Youth Organization
 580 E. Stevens Street
 Indianapolis, IN 46203
 (317) 632-9311 F(317) 632-8767

Athletic/Camper Physician Certificate

This form is to be turned in to the Team Coach, Athletic Director or CYO Camp, and is to be kept on file at the Parish or School.
A copy of the camp physical is due in the Camp Office by May 1 or 30 days before camp session.

F(812) 988-4842 or mail to 2230 N. Clay Lick Road, Nashville, IN 47448
 or email it to registrar@campranchoframasa.org

Physical Examination

Date _____

Name of Athlete/Camper _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ / _____ Pulse _____		
Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils (Circle) Equal / Unequal R > L L > R		
	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal <input type="checkbox"/>	Specific Findings
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia / Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Continued



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1. Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not Cleared
 Due to: _____

Recommendation: _____

FOR USE OF CYO CAMP RANCHO FRAMASA CAMPERS ONLY

Please list any recommendations, restrictions, treatments, medications, dietary needs and / or allergies for this participant while at camp. Camp life can be physically, mentally and emotionally engaging. It involves mobility over a variety of terrain, community living, sleeping in bunk beds, long hours outdoors (sun, trees and fresh air) and varied foods. traditional camp activities can include horseback riding, swimming, canoeing, hiking, outdoor cooking and sleeping outside. Adventure camp includes caving, indoor rock climbing, pontoon boating and sleeping outdoors. Please make your notes keeping in mind the above descriptions. Please attach additional notes of the space provided is not adequate. Leaving blank indicates that this participant can participatefully in all camp activities.

2. I hereby certify that this athlete/camper was examined by me. At this time, no physical condition was detected which reasonably be anticipated to render this athlete physically unfit to engage in any sport, except those marked below:

- Boys Sports:** Baseball, Basketball, Cross Country, Football, Soccer, Track, Wrestling
- Girls Sports:** Basketball, Cross Country, Soccer, Softball, Track, Volleyball, Kickball

_____ Date

 Name of Physician

 Address City ST Zip

Phone (_____) _____

 Signature of Physician

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine.)