

HOLY SPIRIT SCHOOL ATHLETICS

SOCGER REGISTRATION

I give permission for my child _____

to participate in _____ Grade Soccer for the 2017 Season.

I am fully aware that my child does not suffer from any physical or medical problems. I also understand and agree that in the event that my child should suffer from any injury of any sort while participating in the sporting activity (whether at practice or in a game), I AGREE to save and hold harmless and not to pursue any claims against HOLY SPIRIT SCHOOL sponsoring groups, any coach, or any of its agents, servants, or employees, as a result of such injury. I AGREE to ABIDE by school policy as presented in the handbook.

Parent Signature _____

Printed Name _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact _____

Check # _____

Return this form with a non-refundable activity fee of \$50.00. Make check payable to: HOLY SPIRIT SCHOOL.

All students must have an up to date, school approved, physical on record.