

Saint Michael School Athletic Association

We (I) hereby give our (my) consent for our (my) child to participate in Sports at Saint Michael Catholic School and hereby relieve the Basilica of Saint Michael the Archangel Parish, Saint Michael Catholic School, the Altoona/Johnstown Diocese, Saint Michael School Athletic Association, the coaches, and any other personnel appointed by these people for the purpose of supervision & instruction from any liability for our (my) child.

We (I) understand that our (my) child is subject to any and all rules and regulations set forth by the school and Athletic Association. We (I) certify that we (I) carry health insurance on our (my) child.

Insurance Company Name

Policy Number

NOTE: ANY CHILD NOT COVERED BY HEALTH INSURANCE IS NOT PERMITTED TO PARTICIPATE ON ANY SAINT MICHAEL SCHOOL TEAMS.

We (I) also certify that our (my) child is in good health and has no major health problems.
(A physical examination by a state licensed physician/nurse practitioner/physician assistant is required.)

Participants Name	Age	Birth Date	Grade	Sport(s)
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Signature (Parent) or Legal Guardian _____

Parent Name _____

Emergency Contact Name _____

Phone # _____
** (Required)

Emergency # _____

Basketball Fee (Grades 1-8); \$35.00 Fee per student SUBTOTAL _____

Cheerleading Fee (Grades 1-6); \$35.00 Fee per student SUBTOTAL _____

TOTAL _____

_____ Yes I am interested in participating in a spring soccer league

MAKE CHECKS PAYABLE TO "SAINT MICHAEL SCHOOL ATHLETIC ASSOCIATION"

***THIS FORM & FEES MUST BE RETURNED TO THE SCHOOL OFFICE BY FRIDAY, SEPTEMBER 29 2017. PHYSICALS CAN BE RETURNED TO THE SCHOOL OFFICE AND/OR THE COACHES BEFORE PRACTICES BEGIN.**