



Saint Ursula School Athletic Association Sports Registration Form

Please make checks payable to *St. Ursula School*.

A separate check will be required at the time of uniform distribution as a uniform deposit. It will be returned when the uniform is turned in at the end of the season. Uniform deposit is \$50 per uniform.

Please indicate each sport in which your student has interest in participating. Registration and payments can be made at the start at the start of the school year or at the start of each season. Fees are refundable if your child chooses not to participate.

Middle School Sports - JV sports are for students in grades 5 & 6. Varsity sports are for students in grades 7 & 8

Developmental Sports - Developmental sports are for students in grades 3 & 4

Contact Information	Academic School Year 20 _____
Student Name _____	Student Grade _____
Street _____	
City, State, Zip _____	
Home Phone number(s) _____	
Parent's (or Guardian's) Name _____	
Email _____	
Cell number _____	
Work number _____	
Parent's (or Guardian's) Name _____	
Email _____	
Cell number _____	
Work number _____	

Check the boxes of each sport in which your child will participate during the school year.	Fee per sport	Amount Paid
<input type="checkbox"/> Coed JV / Varsity Cross Country (Aug to mid-Oct)	\$30 per student or \$45 per family	\$ _____
<input type="checkbox"/> Fall Coed JV / Varsity Soccer (mid-Aug to Oct)	\$45 per student or \$60 per family	\$ _____
<input type="checkbox"/> Spring Coed JV / Varsity Soccer (mid Aug to Oct)	\$45 per student or \$60 per family	\$ _____
<input type="checkbox"/> Boys JV / Varsity Basketball (mid-Oct to March)	\$75 per student or \$125 per family	\$ _____
<input type="checkbox"/> Girls JV / Varsity Basketball (mid-Oct to March)	\$75 per student or \$125 per family	\$ _____
<input type="checkbox"/> Cheerleading, grades 5 to 8 (during Basketball Season)	\$25 per student or \$30 per family	\$ _____
<input type="checkbox"/> Spring Training, grades 5 to 8 (April to May)	\$25 per student or \$30 per family	\$ _____
<input type="checkbox"/> Fall Coed Developmental Soccer (mid-Aug to Oct)	\$15 per student	\$ _____
<input type="checkbox"/> Spring Coed Developmental Soccer (mid-Aug to Oct)	\$15 per student	\$ _____
<input type="checkbox"/> Boys Developmental Basketball (February)	\$25 per student	\$ _____
<input type="checkbox"/> Girls Developmental Basketball (February)	\$25 per student	\$ _____
Total Amount Paid		\$ _____

Athlete's Emergency Information Form

Athlete's Name: _____ Male _____ Female _____

Date of Birth: _____ / _____ / _____

Parent or Guardian's Name(s): _____

Home Address: _____

Street, City, Zip: _____

Home Phone: _____

Work Phone 1: _____ Work Phone 2: _____

Cell Phone 1: _____ Cell Phone 2: _____

email: _____ email: _____

Emergency Contact Name: _____

Phone Number: _____

Emergency Contact Name: _____

Phone Number: _____

Family Physician Name: _____

Phone Number: _____

Medical History (Diabetes, epilepsy, asthma, etc.): _____

Allergies (Bee/wasp stings, candy/food, including medication): _____

Medications Currently Taking: _____

Medical Insurance Company: _____

Phone Number: _____

Policy Number: _____

Identification Number: _____

Policy Holder: _____

Social Security Number: _____

Employer: _____

SCHOOL NAME: Saint Ursula School

PHYSICIAN'S RELEASE

_____ has been examined by me on _____

(Date)

and my examination has found no medical reason to preclude his/her participation in competitive sports.

Physician's Signature and date

PARENT'S RELEASE

In consideration of _____, being allowed to participate in competitive sports, and intending to be legally bound, I do hereby release and forever discharge the Roman Catholic Diocese of Pittsburgh, the Bishop of the Diocese, Catholic Institute and Saint Ursula Catholic School in the city of Allison Park, PA, and/or the School Athletic Association, their agents and their successors, from any/all actions or suits in law or equity which I/We might hereafter have, by reason of injuries sustained by my child participating in sports or in transit to or from participation in sports.

Mother's Signature/Date

Father's Signature/Date

Mother's Employer _____ Address _____ Phone _____

Father's Employer _____ Address _____ Phone _____

Hospitalization Covering Athlete: Blue Cross _____ Blue Shield _____ Major Medical _____

Other Coverage _____ Policy #: _____ Group # _____

Please check if you DO NOT have hospitalization coverage _____

Coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance Programs.

However, the Diocese will provide payment up to \$1,000.00 toward the balance of athletic injury medical costs in excess of an individual's own coverage (Hospitalization, DPA, BC/BS, Major Medical, etc.). This payment is subject to strict limitations and no claim will be considered without full information required. As in the past, expenses beyond one year of accident date are not eligible expenses.

I have read the above and will comply.

Approved: _____

Parent or Guardian's Signature w/Date

DIOCESE OF PITTSBURGH
PROTECTED INSURANCE PLAN
REQUEST FOR MEDICAL COVERAGE INFORMATION
FORM "A"

Participating Student _____

Mother's Name _____ S.S.# _____

Father's Name _____ S.S.# _____

Mother's Employer: _____ Employer's Address: _____

Home Phone # _____

Work Phone # _____

Father's Employer: _____ Employer's Address: _____

Home Phone # _____

Work Phone # _____

Hospitalization Blue Blue Major Group # _____
Covering Athlete: Cross _____ Shield _____ Medical _____ I.D.# _____

Proof of medical coverage is required for an athlete to participate in sports. If no coverage exists, the student **CANNOT** participate in athletics.

A parent permitting a student to participate in school athletics after coverage has terminated or without coverage will assume full responsibility for any medical claim resulting from an injury while participating for any medical claim resulting from an injury while participating in the sport.

It must be understood that coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance Programs. It is for this reason that the preceding paragraphs must be strictly adhered to.

I/We, the undersigned, do attest to the accuracy of the information provided on this form. Furthermore, should there be a change, the school principal and coach will be notified immediately of any change.

Parent or Guardian's Signature

Approved: _____

(Principal)

Parent or Guardian's Signature

(Form Effective 07/01/94)

(PHOTOCOPY THIS FORM AS NEEDED)

(PIP 04/95)