

**ST. MARY OF THE IMMACULATE CONCEPTION  
INTRAMURAL – REGISTRATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Gender (circle one): M / F Birth Date (MM/DD/YYYY): \_\_\_\_\_ Grade: \_\_\_\_\_  
T Shirt Size (Circle): Youth Small Youth Med Youth Large Adult Small  
Parent/Guardian Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

I/we the undersigned consent to the participation of the above-named child in the athletic programs, including practices and athletic contests, at St. Mary of the Immaculate Conception Parish in Avon, Ohio. I/we the undersigned participant/parent, on behalf of myself, my heirs, legatees, and assigns, hereby agree to indemnify, save, and hold harmless St. Mary of the Immaculate Conception Parish or any of its agents, representatives, employees or assigns for the health, safety or any injury and/or disability arising out of or resulting from participation in the athletic programs at St. Mary of the Immaculate Conception Parish.

As a participant/parent in the program, I/we recognize and acknowledge that there are certain risks or physical injury and I/we agree to assume full risk of any injuries, including loss of life, damages or loss that I/we may be sustained as a result of participating in any and all activities connected with or associated with such program. Recognizing the possibility of physical injury associated with athletic programs and in consideration for St. Mary of the Immaculate Conception Parish accepting the registrant for its athletic programs and activities (the "Programs"), I/we hereby release, discharge and/or otherwise indemnify St. Mary of the Immaculate Conception Parish, its affiliated organizations, committees, commissions, groups, officers, directors, board members, coaches, officials, sponsors, other participants, including the owners of facilities and/or fields utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation. I/we acknowledge that I/we have carefully read and understand this Parental Consent and Release form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART I: CONSENT FOR MEDICAL TREATMENT (Minor)**

As the parent or legal guardian of the above named child, I/we hereby give consent to for the administration of any treatment deemed necessary by the physician or dentist designated below, or, in the event the designated physician or dentist is not available, by another licensed physician or dentist; and the transfer of the child to the hospital designated below or any hospital reasonably accessible. I/we hereby agree to be responsible financially for the reasonable cost of such assistance and/or treatment. This treatment may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Print Parent/  
Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ Telephone (Other): \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Dentist's Name/Phone: \_\_\_\_\_  
Physician's Phone: \_\_\_\_\_ Dentist's Name/Phone: \_\_\_\_\_  
Hospital/City: \_\_\_\_\_

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Provide facts concerning the child's medical history including allergies, medical condition, medications being taken, and any such physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II: REFUSAL TO CONSENT FOR MEDICAL TREATMENT (Minor)**  
**DO NOT COMPLETE IF YOU COMPLETED PART I**

I/we do not give my consent for emergency medical treatment of the above-named child, in the event of illness or injury requiring emergency treatment, I/we wish the individuals involved with the programs at St. Mary of the Immaculate Conception Parish to take no action or to:

\_\_\_\_\_  
\_\_\_\_\_

Print Parent/  
Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_  
**As parent/guardian, by signing this form, I/we acknowledge that I/we have read the form in its entirety, and have provided all information requested on this form.**