

## Phoenix Sports Basketball/Soccer Registration Form

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

### (Release and Code of Conduct)

I, the undersigned parent/guardian of \_\_\_\_\_ (full name), give my permission/approval for my child to participate in the athletic program at Our Lady of the Assumption Catholic School. My child is physically able to participate and in doing will in no way harm his/her health. I further assume all risk and hazards incidental to the conduct of the activities, including transportation to and from the activity. I hereby release, absolve and hold harmless the Diocese of Charlotte, Our Lady of the Assumption Catholic School, supervisors, coaches, and staff from any and all injury, loss, or other damages to us or the above mentioned arising out of the activities of the program. I understand that the information given above will be issued to the coaches and staff of Our Lady of the Assumption Catholic School. If I cannot be contacted, I grant permission for a physician to treat my child for any/all injuries or condition arising from participating in the athletic event. I certify that the medical history I provided is complete and accurate to the best of my knowledge.

### (Parent/Fan Code of Conduct)

Any parent or fan whose behavior is deemed objectionable (i.e. offensive in nature) directed at any coach, player, referee, game official, school principal, or appointed person of authority at any event should be asked to leave the premises. Coaches cannot be approached within 24 hours after the event to discuss/dispute strategy, playing time, etc. The Principal/Pastor of the school(s) involved should then take further determination as to whether or not the individual(s) should be banned from additional events.

### (Baseline Cognitive Testing)

Baseline cognitive testing is a tool useful for evaluation if an athlete sustains a concussion. The baseline testing is necessary before a player who has sustained a head/neck injury can return to athletic participation at Our Lady of the Assumption. This testing protocol is offered free of charge through Carolinas Sports Concussion Clinic.

### (Insurance Policy Information)

Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Fee..... \$125.00 (per child-per sport)

Please Make All Checks Payable to: *Phoenix Athletic Association*

Memo: Basketball or Soccer

Check # \_\_\_\_\_

Emergency Contact:

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_