

20__ St. Sebastian Athletics Registration Form

A separate registration form needs to be filled out for each athlete. The fee for Volleyball is \$75 and is due the last week of May. The Basketball fee is \$100 and is due the first week of October. Checks should be made payable to St. Sebastian YAC and delivered to the school office. An athlete will not be considered fully registered until entire fee is paid. Teams will only be formed based on number of full registrants. Parents and athletes need to comply with all policies listed on this form. *If the athlete is going to play both sports please register or pre-register for both at the same time.* **PAYMENTS MUST BE MADE IN THE FORM OF CHECK OR MONEY ORDER. NO CASH PLEASE.**

Please Indicate: Volleyball Basketball Sebs Student Faith Formation

Registration, Medical, Insurance, & Emergency Consent Information (Form 6145.d(a))

Athlete Name: _____ Birthdate: _____ Grade: _____ Gender: _____
Address _____ T-Shirt Size: Adult: S M Youth: S M
City/Zip: _____ Volleyball shirt only (Circle) L XL I XL
E-Mail Address(es): _____
Parent(s)/Guardian(s): _____
Phone#s: _____
Physician / Group: _____ Phone: _____ Preferred Hospital: _____
Insurance Company: _____ Group #: _____ Policy #: _____
Subscriber Name: _____ Pre-existing Conditions: _____
Emergency Contact: _____

In the event of injury or illness I grant permission to any health care provider designated by St Sebastian coaches/YAC board members to provide my child any and all necessary medical care related to the injury or illness. I further understand I will be contacted as soon as practical as to the medical emergency and will be provided with all necessary information related to the medical emergency. Additionally, I understand that the above medical information will be shared with the coach.

Parent Signature: _____ Date: _____

Risk Acknowledgement & Consent to Participate (Form 6145.2(b)):

I realize that there are numerous risks involved in participating in the sport of basketball and/or volleyball. These risks could involve (but not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, paralysis and possible death. These risks could impair my child's future abilities to earn a living, engage in business, social and recreational activities and to generally enjoy life. I have been informed about the various risks associated with our child's participation in Basketball and/or Volleyball and the potential injuries that may occur.

I assume all responsibilities and certify my child is in good physical condition and has undergone a complete sports physical exam by a licensed clinician in the past two years. Further, I am unaware of any medical condition that would inhibit my child's participation.

I agree to accept all the previously mentioned risks as a condition of my child's participation in basketball and/or volleyball.

Parent Signature: _____ Date: _____

Parent Volunteer Commitment:

As a parent, I recognize that there is a cost associated with maintaining a sports program and there is a need to raise funds in addition to the registration fee. I agree to work at least one assigned shift in the concession stand or admission table during the season per participating child. If I cannot make a shift, it is my responsibility to find someone else to work my shift. I recognize that failure to fulfill this obligation will result in a \$25 fine that must be paid before my child is allowed to register for another sport season. Parents that are coaches, gym runners or YAC board members are not subject to this obligation.

Parent Signature: _____ Date: _____

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Sportsmanship Pledge:

As a parent or student-athlete of the Archdiocese of Milwaukee, I pledge to:

- Display Christian behavior at practices and games.
- Represent my parish and/or school to the very best of my ability.

- Refrain from profanity, racial or ethnic comments, harassment or taunting of teammates, opponents, coaches, officials and fans.
- Encourage good sportsmanship by my teammates, coaches and/or family members.
- Take responsibility for my actions.

I understand that representing my parish/school is a privilege and I may not be able to participate in activities if I do not display good sportsmanship.

Athlete Signature: _____ Date: _____

I understand that I may not be able to attend activities if I do not display good sportsmanship.

Parent Signature: _____ Date: _____

Concussion Awareness (Form 5141(b) 6145.2(l)):

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

I have read the Concussion Fact Sheets on the St. Sebastian website (<http://saintsebastianonline.net/community-life/sports/youth-athletic-council-2/>) and understand what a concussion is and how it might be caused. I also understand the common signs, symptoms and behaviors. I agree that the athlete must be removed from play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent Signature: _____ Date: _____

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature: _____ Date: _____