



Roanoke Catholic School

SINCE 1889

Blending learning with faith and faith with daily life

Athletic Team Registration Form ~ Varsity/Junior Varsity/Middle School

IMPORTANT TO READ: There will be no discussion of position and/or playing-time by anyone other than the player and head coach of that sport. No exceptions!!! It is also important to understand that sports teams will involve a tryout period. At that time, the coach(es) will decide on the final roster.

STUDENT'S NAME:		BIRTH DATE:	CURRENT AGE:
ADDRESS:		GENDER:	CURRENT GRADE:
HOME PHONE:			
PARENT/GUARDIAN'S NAME:		CELL PHONE:	
BUSINESS PHONE:	PARENT'S EMAIL:		

Each student that tries-out for any sport must complete the following (A, B, C, D, E) and submit directly to the Athletic Department before the team's first try-out practice:

- A. VHSL Parental Consent/Physical Exam Form (One per school year (not calendar year) and are available in the Athletic Dept.)
- B. Code of Conduct.
- C. Concussion Information Sheet
- D. Athletic Team Registration Form (One per sport season)
- E. Athletic Participation Fee of \$100 is due before the 10th day of official practice. (Required per student, per sport season.)

Circle the sports team or teams you would like to join.	Baseball Boys (grades 6-12)	Outdoor Track – Coed (grades 6-12)
	Basketball (grades 6-12)	Soccer Girls (grades 6-12)
	Cheerleading – Coed (grades 8-12)	Softball Girls (grades 8-12)
	Cross Country – Coed (grades 6-12)	Swimming – Coed (grades 6-12)
	Football (grades 6-12)	Volleyball (grades 6-12)
	Golf – Coed (grades 8-12)	Wrestling (grades 6-12)
	Lacrosse (grades 8-12)	

WAIVER/PERMISSION FOR MEDICAL TREATMENT

I, the undersigned parent or guardian, do hereby agree to allow the individual named herein, who is below the age of legal consent, to participate in the aforementioned activity, and I further agree to indemnify and hold harmless Roanoke Catholic School from and against any and all liability arising out of or in any way connected with his/her participating in this activity. ***I further understand there is potential for catastrophic injury and even death as a result of participating in athletic events.*** I certify that the named participant is to the best of my knowledge in good health and is physically able to participate in the sport specified. By signing this, I give RCS coaches permission to request emergency medical treatment for my child in my absence and I hereby authorize medical staff to provide treatment that a physician deems necessary for the well being of my child.

MEDICATION/HEALTH PROBLEMS TO BE AWARE OF: _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

For more information, email mpeck@roanokecatholic.com or call 982-3532 ext. 2122.

For Office Use Only:	Athletic Fee <input type="checkbox"/> Date _____	Check Number: _____	Physical Filed <input type="checkbox"/> _____	Added to Team Roster <input type="checkbox"/> _____
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