



ST. BRIDGET PARISH SCHOOL BASEBALL/SOFTBALL REGISTRATION



(Please complete one registration form for each participant.
Practices start early April dependent on coaches. **Registration forms due March 13, 2020.**)

Student Name: _____ Grade: _____

Address: _____ Telephone: _____

Parent/Guardian: _____ Email address*: _____

Address (if different): _____ Telephone: _____

Cell Phone: _____

Emergency Contact Information (other than parent)

Name: _____ Phone: _____

Relationship to Student: _____

Student's Medical Doctor: _____ Phone: _____

Medical Conditions/Allergies that the baseball/softball program should be aware of:

Participant enrolled at St. Brigid Parish School: Yes No

Registered Member of St. Brigid Parish: Yes No

Program Level*: Baseball Softball

I Would Like to Volunteer As: Coach Asst. Coach Scorekeeper

Registration Fees: \$50/person OR \$75/family.

Please send payment made payable to "St. Brigid School"

PERMISSION TO PARTICIPATE/LIABILITY WAIVER

STUDENT: I _____ hereby acknowledge that I have read and understand the St. Brigid Athletics Handbook and will abide by all rules and expectations.

PARENT: I _____ hereby give my permission and approval for the above named child to participate in the St. Brigid Parish School baseball/softball program. I understand the possibility of injury by the inherent dangers in participation in the sport of baseball/softball and assume all risks and hazards incidental to such participation. I understand that by signing this waiver, I release St. Brigid Parish School, the Diocese of Superior, teachers, principal, coaches, assistant coaches, and officials from any legal responsibility or claims arising from injury while my son/daughter/guardian is participating in a school function including traveling to and from games and practices.

I understand that my son/daughter must be covered by my family health insurance policy.

Insurance Company: _____ Policy No: _____

Parent/Guardian Signature

Date

PARENTAL/LEGAL GUARDIAN PERMISSION SLIP
FOR BASEBALL/SOFTBALL PARTICIPATION AT AWAY GAMES

Dear Parent or Legal Guardian:

Your (son/daughter/guardianship) is eligible to participate in a school sponsored activity that may require transportation to a location away from the school site. This activity will take place under the guidance and supervision of volunteers from St. Bridget Parish School.

Activity/Purpose: Baseball/Softball Program

Destination: All Away Games

Designated Supervisor of Activity: Athletic Director and/or Coach

Date and Time of Departure: All Away Baseball/softball Games

Method of Transportation: Private Vehicle

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Parent/Guardian Signature

Date

I give permission for St. Bridget Parish School, the athletic director, and/or coach to sign for emergency medical care if I am unable to be contacted. I have signed the permission form along with filling in the names and telephone numbers of personnel that are to be contacted in case of an emergency.

I understand that if I will be providing transportation for away games or tournaments, I have a current WI Drivers License, proof of insurance, and have completed a driver information sheet in the school office.

_____ Yes _____ No

I hereby acknowledge that I _____ have read and understand the St. Bridget Parish School Athletics Handbook and will abide by all policies.

Parent/Guardian Signature

Date

*THIS FORM MUST BE COMPLETELY FILLED OUT (2 sides) AND ON FILE IN THE SCHOOL OFFICE
BEFORE THE STUDENT WILL BE ALLOWED TO PARTICIPATE IN THE BASEBALL/SOFTBALL PROGRAM.*

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FOR OFFICE USE ONLY:

DATE REGISTRATION FORM AND PAYMENT RECEIVED _____

CASH \$ _____ CHECK # _____ AMOUNT _____ NAME ON CHECK _____