

**ST. JOSEPH-ST. THOMAS PARISH TRACK & FIELD
SPRING 2011 REGISTRATION FORM**

Send to St. Joseph-St. Thomas Parish
6097 Amboy Road, Staten Island, New York 10309

STUDENT ATHLETE LAST NAME _____ FIRST _____ AGE _____
HOME ADDRESS _____ ZIP 103 _____ DATE OF BIRTH _____
HOME NUMBER _____ PARENTS' EMAIL _____
2010/2011 SCHOOL _____ 2010/2011 GRADE _____
PARENT/GUARDIAN(S) _____
EMERGENCY CONTACT _____ NUMBER _____

IS THIS CHILD A CATHOLIC?: **CIRCLE YES or NO**

IS THE CHILD A REGISTERED MEMBER OF ST. JOSEPH-ST. THOMAS PARISH and IN EITHER THE
PARISH SCHOOL OR THE RELIGIOUS EDUCATION PROGRAM: **YES or NO**

\$70 for the 2011 SEASON PER CHILD FOR **REGISTERED** PARISHONERS GRADES 1-8

\$75 for the 2011 SEASON PER CHILD FOR **NON-REGISTERED** PARISHONERS OF SJST Grade 1-8

CHECKS SHOULD BE MADE OUT TO ST. JOSEPH-ST. THOMAS PARISH

PARENTAL/GUARDIAN CONSENT

I GIVE PERMISSION FOR MY CHILD(REN) TO PARTICIPATE IN THE ST. JOSEPH-ST. THOMAS TRACK
& FIELD PROGRAM THAT PARTICIPATES IN THE CYO/STAFF MEETS. THE PROGRAM INCLUDES
RUNNING, JUMPING AND THROWING EVENTS. MY CHILD IS IN GOOD HEALTH AND MAY
PARTICIPATE IN ALL ACTIVITIES EXCEPT NOTED _____
MY CHILD HAS THE FOLLOWING MEDICAL CONDITIONS _____
CHILD'S PRIMARY CARE PHYSICIAN _____ Number: (718) _____

Consent for Medical Treatment

As the parent or legal guardian of the above-named child(ren), I hereby give my consent for emergency medical care
prescribed by a duly licensed doctor or medicine or dentistry. This care given under whatever conditions are
necessary to preserve the life, limb or well-being of my
dependent. _____

Medical Release

I, the parent or guardian of the registrant, a minor, agrees that I and the registrant will abide by the rules of the St.
Joseph-St. Thomas Parish ("Parish") and the CYO, its affiliated organizations and the sponsors. Recognizing the
possibility of physical injury associated with Track & Field, and in consideration of the Parish accepting the
registrant for its Track & Field program and activities (the employees and associated personnel, including the owners
of the field, gyms, and facilities utilized for the Program, as well as the St. Joseph-St. Thomas Parish, its employees
and associate staff, its Sports Council, its Track & Field Director and Coaches against any claim by or on behalf of
the registrant as a result of their participation in the Program and/or being transported to or from the same, which
transportation I hereby authorize. Once a child has been injured, a medical doctor's release must be presented to the
Director of the program for the child to be reinstated in the program.

Signature of the Parent/Guardian _____ Date _____