



St. Paul's Preparatory Academy Required Athletics Information

Student's Name: _____ Grade: _____

Date of Birth: _____

Circle Sport(s): Football Volleyball Basketball
 Softball Baseball Cheer Track

Circle Jersey Size: Youth – S Youth – M Youth – L
 Adult – S Adult – M Adult – L Adult – XL

Parent's Name: _____

Parent's Contacts:

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact:

Please leave blank if the emergency contact is the same as above.

Name: _____

Phone: _____

I have read and signed all travel and release documents provided by St. Paul's
Preparatory Academy and Overcoming Faith Christian Center.

Parent's Signature: _____ Date: _____

ATHLETE'S STATEMENT OF RISK AND PERMISSION TO TREAT



Student Athlete Name: _____ Date of Birth: _____

SSN: _____ Sport(s): _____

AGREEMENT

I, _____, voluntarily elect to participate in one or more athletic programs at St. Paul's Preparatory Academy. Athletic programs include conditioning, training, practice, scrimmages, intramural and sanctioned interscholastic CSAF competitions. I understand that there risks associated with my voluntary involvement in sports and/or athletic programs. Risks include, but are not limited to heat exhaustion, dehydration, loss of consciousness, fainting, loss of eyesight, dismemberment, broken bones, concussions, ligament tears, muscle strains, pulled muscles, joint dislocations, partial paralysis, full paralysis, or death.

I understand that St. Paul's Preparatory Academy (SPPA) does not provide, and is not obligated to provide, any insurance that covers medical costs associated with injuries occurring during my participation in athletic programs.

I have understood and agree with the above: Parent's Initial _____

TREAT PERMISSION

I grant permission for treatment deemed necessary for any condition arising during participation in these activities, including medical or surgical treatment recommended or instituted by physicians, athletic trainers, and other trained allied health personnel.

I also grant permission to any physician or medical institution to release records regarding my medical or health condition to the care of the Head Athletic Trainer or Athletic Director. I understand that all records will be kept in confidence and only released when pertinent to filing of insurance claims.

I have understood and agree with the above: Parent's Initial _____

RELEASE

I understand that to be allowed to participate and/or receive instruction in sports or activities, I must give up my right to hold SPPA, its School Board, faculty, employees, agents and volunteers liable for any injury or damage that I may suffer while participating and/or receiving instruction in the sport or activity.

I have fully read this document and I fully understand the words and language in it. I have been advised of the potential dangers incident to participating and/or receiving instruction in this sport or activity.

I understand and agree that I am signing this Agreement on behalf of my child, I am giving up the same right for my child, as I would be giving up if I signed this agreement on my behalf.

I have understood and agree with the above: Parent's Initial _____

By my signature, I agree with all parts of this agreement.

Parent's Signature

Athlete's Signature

Printed Name

Printed Name

Date

Date