

ASSUMPTION SCHOOL

TRACK 2012 (Boys and Girls grades 3 – 8) REGISTRATION

Athlete's Name _____ Grade _____

Parent's E-Mail _____
(Coaches communicate by e-mail - please list the e-mail you check most often.)

Home Phone (_____) _____
Cell Phone (_____) _____

Registering for:

Track _____ Fee \$30

All checks payable to: Assumption HSA – fees are non refundable

Please return this registration form and payment to the school office in an envelope marked "Athletics" by Friday, March 16, 2012. Remember Annual Physicals (signed by a physician) **must** also be completed and on file with the School Nurse prior to the first scheduled practice. This form can be found under the "Forms" tab [Medical category] on the school website.

Please note: Transportation is the responsibility of parents for all spring sports including practices, games, clinics and meets.

My child has the following allergies/medical condition(s) that the Coaching Staff should be aware of (if any, please explain):

Should my child need medication during a practice session or a game, he/she is able to administer necessary medication himself/herself. I understand and agree that the Coaching Staff will not be responsible for administering any medications.

Doctors Name

Doctor's Phone number

PARENT SIGNATURE _____ Date _____

For Office Use Only:

RECEIVED BY: _____ Date: _____

CHECK #: _____

Date of Last Physical Exam: _____

1. Has your child been ill or injured since the initial sports physical this school year?

No _____ Yes _____ If Yes, explain: _____

2. Has your child been seen by a physician since the initial sports physical this school year?

No _____ Yes _____ If Yes, explain: _____

3. Has your child been hospitalized or had surgery since the initial sports physical this school year?

No _____ Yes _____ If Yes, explain: _____

4. Has your child's medication changed since the initial sports physical this school year?

No _____ Yes _____ If Yes, explain: _____

5. Has your child been out of physical education or sports for any reason?

No _____ Yes _____ If Yes, explain: _____

If Yes, have they received clearance to return to activities?

No _____ Yes _____