

St. Joseph Consolidated School -- Athlete Release Form

Player Name: _____ Jersey No: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parish: _____ Grade: _____

Age: _____ Date of Birth: _____

Parent/ Guardian Names: _____

Please indicate any physical condition which the coaches and other adults should be aware of concerning your athlete:

Parent Authorization:

We the undersigned parents of _____ give him/her permission to play _____ (sport) with the GCCYS and we release the GCCYS from any and all liability that may arise because of any injuries sustained during a GCCYS activity. As a parent/legal guardian of a child involved in a GCCYS sport, I agree to treat all players, coaches, officials, and other spectators with dignity and respect, in my language, attitude, behavior, and mannerisms, and will demand that my child do the same.

We acknowledge that we are responsible for the care of the SJCS Bluejay Booster uniform that he/she is using. If the uniform becomes damaged in my care, it is my responsibility to pay the Boosters the cost the replacement of the item, as determined by the SJCS Bluejay Boosters.

In addition, if after signing up and committing to a team, we decide to withdrawal for any reason, I acknowledge that the fee that was paid will not be returned.

Signature: _____

Date: _____

Athlete Authorization:

I hereby state that all of the statements on this entire form are true an correct to the best of my ability. Further, I realize that I may be excluded from GCCYS activity for misrepresentation of these facts as well as for continued misbehavior.

Signature: _____