

Holy Spirit Parish

Doubles Badminton Intramurals Registration Form

Please return to Sarah no later than Wed. January 25th. Please attach \$10 registration fee.

You will be responsible for bringing your own badminton racket.

Student's Name: _____ Gender: ____ Grade in School: _____
Cell phone #: _____ School: _____

Team Mate's Name: _____ Gender: ____ Grade in School: _____
Alternate's Name: _____ Gender: ____ Grade in School: _____

Official Team Name: _____

I hereby agree to abide by the rules established for the 2012 Badminton Intramurals.

_____ Signature of Student _____ Date

MEDICAL INFORMATION

Student's Name: _____ Date of Birth: ____ / ____ / ____
Home Address: _____ City _____ Zip: _____
Home Phone: (____) _____ Name of Parent/Guardian: _____
Person to Contact in Case of Emergency: _____
Relationship to Student: _____ Home Ph # _____ Cell Ph # _____
Personal Physician: _____ City: _____ Office Ph _____
Family Health Care Policy: _____ Policy Number: _____

I certify that my child has no known medical or physical condition that might make participation in intramurals and athletics detrimental or hazardous to his/her health with the possible exception of:

(please list and describe any medical conditions and allergies)

In consideration of Holy Spirit Parish arranging for the 2012 Badminton Intramural Season, the undersigned parent of _____, a minor, hereby releases and agrees to hold harmless the above named parish or any of its employees, advisors, chaperones, or persons connected with the event from any liability, claims damages for personal injury, property loss or other damage which may result during the above event.

_____ (Parent Signature)

If my child suffers an accidental injury while participating in intramurals or athletics, I agree to pay all of the medical and hospital bills.

I also grant permission for parish officials to obtain necessary medical treatment for my child in an emergency when I cannot be contacted. I understand that reasonable efforts will be made to contact me prior to treatment.

_____ (Parent Signature)

As the parent/guardian, I give permission for my son/daughter to have pictures/video be used for promotional/educational materials (newsletter, webpage, bulletin, power point etc.) in/during/highlighting the events/programs they are participating in. I understand that other promotional pictures (individual or group) will be taken during the events/programs. I give permission to the Diocese of Green Bay/ Holy Spirit Parish to use the material that my son/daughter is in as needed.

_____ (Parent Signature)