



ST DOMINIC SCHOOL ATHLETIC ASSOCIATION

**CROSS COUNTRY REGISTRATION FORM**

Attn: Coach & Cross Country Coordinator  
420 E. Briarcliff Road,  
Bolingbrook, IL 60440

**CROSS COUNTRY - FALL 2017 – Registration Form Deadline August 25, 2017**

**PLEASE PRINT CLEARLY**

Child's Name	Date of Birth	GRADE	GENDER (M/F)
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Address	City	Zip Code
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Fathers Name/Legal Guardian	Cell Phone #	Cell Phone Carrier
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Mothers Name/Legal Guardian	Cell Phone #	Cell Phone Carrier
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Father's E-mail Address (for communication purpose)

Mother's E-mail Address (for communication purpose)

**Note: Insurance is Required for Participation**

INSURANCE CO.	Policy Holder Name	Policy No.
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Doctor's Name	Doctors Phone #
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Allergic to medication or other (circle one) YES NO

If YES, what \_\_\_\_\_

Any medical/non-medical problems we need to be aware of?

Parent Volunteers Needed (all parents are asked to help a minimum of 2 Meets)

Yes I am available to help \_\_\_\_\_



**GENERAL PERMISSION (JOLIET DIOCESE)**

I hereby give permission for my child/minor in school grade noted above to participate in the St. Dominic Sports Program for the school year noted above. I hereby release and indemnify St. Dominic, its staff, volunteers and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the Program.

**PARENT'S MEDICAL AUTHORIZATION (JOLIET DIOCESE)**

In case of emergency, if a family doctor cannot be reached, I hereby authorize my child/minor to be treated by paramedics, emergency Room physicians or other Physicians. I grant permission for the administration of "first aid" to my child by the people in charge of the Sports program or sporting event, and those transporting my child to/ from the program, as their judgment deems advisable, and to make necessary referrals to qualified physicians for treatment of illness or accidents of more serious nature. I understand I will be promptly notified in the event of any serious illness/accident and prior to any major surgery, except when delay in such and all communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the Parent/Guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery if deemed necessary for my child.

**WAIVER & DISMISSAL (ST. DOMINIC)**

I hereby agree to waiver and forever discharge all claims for injury, loss or damages to the St. Dominic Athletic Association, St. Dominic School and St. Dominic Parish, that my minor child (or accrue to me or my child) as a result of participating in the program. I understand that the St. Dominic Athletic Association has the right to refuse anyone from participating in the program and that the St. Dominic Athletic Association can dismiss anyone from the program it so determines during the season.

**FEES & CONDUCT (ST. DOMINIC)**

I agree to follow the registration fee for St. Dominic Athletics as part of the St. Dominic School tuition and fee policy as outlined in the St. Dominic School Handbook. **I agree to sign-up as a team/meet helper for a minimum of (2) Cross Country Meets as needed.** I have read and agree to follow the Parents Code of Ethics outlined in the St. Dominic Athletic Association Handbook.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT GUARDIAN NAME (PLEASE PRINT)

----- Office Use Only -----

<b>Fee: \$50 /child (payable to: St. Dominic Athletics)</b>		
<b>Amount Paid: \$</b> _____	<b>Date Received:</b> _____	<b>Check #</b> _____
<b>Cash Received:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>Received by: Mike Enos</b>	