

**ST. MAURICE ATHLETIC ASSOCIATION  
2001 ARDMORE BOULEVARD  
PITTSBURGH, PA 15221**

**REGISTRATION, PERMISSION SLIP AND STATEMENT OF INSURANCE**

CHILD'S NAME: \_\_\_\_\_ PAYMENT: CHECK # \_\_\_\_\_ CASH \_\_\_\_\_  
*(please print all information clearly)*

PROGRAM: \_\_\_ CROSS-COUNTRY \_\_\_ SOCCER \_\_\_ BASKETBALL \_\_\_ CHEERLEADER \_\_\_ VOLLEYBALL

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ GRADE \_\_\_\_\_

PARENT OR GUARDIAN NAME (s) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(Street) (City/State/Zip)

PHONE (s) HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

I AM A PARENT OR GUARDIAN OF THE ABOVE NAMED MINOR CHILD, THE PLAYER. IN CONSIDERATION OF ACCEPTANCE OF THE PLAYER AS A PARTICIPANT IN THE ATHLETIC PROGRAM SPONSORED BY ST. MAURICE, I HAVE READ AND UNDERSTOOD THAT:

A) ST. MAURICE DOES NOT INSURE PLAYERS UNDER ANY ACCIDENT, MEDICAL OR LIABILITY INSURANCE PROGRAM AND HAS NO RESPONSIBILITY TO DO SO.

B) THE PLAYER IS COVERED BY THE FOLLOWING MEDICAL/ACCIDENT INSURANCE:

INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_

C) A PLAYER CANNOT PARTICPATE IN THE ATHLETIC PROGRAMS UNLESS COVERED BY MEDICAL/ACCIDENT INSURANCE AND HAS HAD THE REQUIRED PHYSICAL BY A CERTIFIED PHYSICIAN.

D) IN THE CASE OF EMERGENCY, WHEN I CANNOT BE REACHED, I HEREBY GIVE MY CONSENT FOR ALL MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE FOR MY CHILD.

EMERGENCY CONTACT - NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ALTERNATE CONTACT -NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY PHYSICIAN - NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL HISTORY (diabetes, epilepsy, asthma, etc.) \_\_\_\_\_

ALLERGIES (bee/wasp stings, candy/food/nuts, including medication) \_\_\_\_\_

MEDICATION (s) (currently taking) \_\_\_\_\_

\_\_\_\_\_  
**(SIGNATURE OF PARENT OR GUARDIAN)**

\_\_\_\_\_  
**(DATE)**