

St. Junipero Serra Catholic School
A ministry of the San Francisco Solano, Santiago de Compostela,
St. Kilian, and Holy Trinity Parishes

ST. JUNIPERO SERRA CATHOLIC Policy Acknowledgment Agreement
"Required for St. Junipero Serra Catholic's Hockey S.C.O.R.E. Shootout Team"
Tryout and Registration Form for Hockey S.C.O.R.E. Shootout Team

5th Grade 2019-2020

STUDENT NAME (please print)

PARENT E-MAIL

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Preferred Phone #

I realize that it is a privilege to participate in the Hockey S.C.O.R.E. Shootout Tournament at the Anaheim Honda Center for St. Junipero Serra Catholic School. Accordingly, I accept and will abide by the following Contract:

1. I will work hard to give my best when I play for the St. Junipero Serra Catholic Hockey S.C.O.R.E. Shootout Team.
2. I understand that my participation is a commitment to my team, my coach, and myself.
3. I understand that the coach has the sole responsibility to decide who will play in a game, match or contest.
4. I realize parents are responsible for their child's transportation to the tournament at the Anaheim Honda Center.
5. I understand and will cooperate with the Hockey S.C.O.R.E. Shootout procedure and policies.

Acknowledgement Agreement for: _____
(Student Athlete)

I, _____, am aware of the St. Junipero Serra Catholic tryout procedures for
(Parent/Guardian)
the Hockey S.C.O.R.E. Shootout Team.

I, _____, agree to uphold the Philosophy and Objectives of St. Junipero Serra Catholic
(Serra Student Athlete)

School. I understand the information and agree to abide by the agreement.

I, as a student athlete and
I, as a St. Junipero Serra Catholic School Parent,
will display fair and exemplary sportsmanship at all times.

Date: _____

Signature Student Athlete: _____

Signature Parent/Guardian: _____

EMERGENCY FORM

Last Name First Name DOB: Month/Day/Year Shirt Size (Youth or Adult)

LAST NAME	HOME TELEPHONE	GRADE
ADDRESS (HOME)	CITY	ZIP
FATHER FIRST NAME	FATHER'S CELL PHONE	FATHER'S E-MAIL ADDRESS
MOTHER FIRST NAME	MOTHER'S CELL PHONE	MOTHER'S E-MAIL ADDRESS

EMERGENCY CARE INFORMATION

NAME	RELATIONSHIP	TELEPHONE
ADDRESS	CITY	ZIP
DOCTOR NAME		TELEPHONE
ADDRESS	CITY	ZIP

Parents/Guardian, please initial on the lines that you have read and understand each of the following statements:

The above named pupil has permission to participate in the St. Junipero Serra Catholic Hockey S.C.O.R.E. Shootout Team

1. _____ I (we) realize that there is a risk of being injured that is inherit in all sports. I (we) realize the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death.
2. _____ I (we) the parent(s) or guardian(s) of the above mentioned player, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health.
3. _____ It is understood that the authorization mentioned in 2. is given in advance of any specific diagnosis treatment or hospital care being required , but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.
4. _____ It is understood that effort shall be made to contact the parent or guardian prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the parent or guardian cannot be reached.
5. _____ Authorization 1.- 4. is given pursuant to the provisions of section 6910 of the Family Code of California.
6. _____ I (we) understand that transportation will be by private vehicle.
7. _____ I (we) agree that in the event my child is injured as a result of his/her participation in St. Junipero Serra Catholic Hockey S.C.O.R.E. Shootout Team, including transportation to and from events, whether or not caused by negligence (active or passive) of the parish/school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine and/or of my spouse.
8. _____ I (we) are not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.
9. _____ I (we) hereby give permission to the physician or dentist selected by the youth activities supervision personnel then present to render medical or dental treatment deemed necessary and appropriate by the physician or dentist.

***Please Return Form to Miss Lewis**