

Registration for Fall Sports, 2011

A and B Football, Grades 5-8
Girls A and B Volleyball, Grades 5 - 8
Cross Country, Grades 3-8

To All Parents:

If your son or daughter will be participating in the Fall Sports Program (A or B Football, Girls A or B Volleyball, Cross Country), the following paperwork needs to be filled out and returned to me no later than Wednesday, June 15, 2011:

1. Athletic Permission Form
2. Athletic Fee of \$60.00 for each Fall sport in which the student will participate.

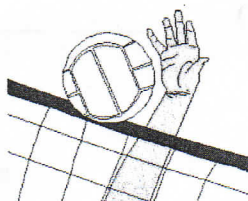
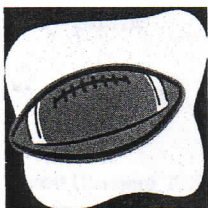
Form and athletic fee must be put in an envelope with the following information on the front of the envelope:

1. Student's name
2. Student's grade for the year 2011 -2012
3. Sport/s the student will be participating in during the Fall.

Please turn the envelope (with form and \$) in to me or if your child is unable to find me, it can be turned into the school office where it will be put in my mailbox.

Paperwork and fees must be turned in no later than June 15 for bookkeeping purposes. Every student who will be participating in the Sports Program must have everything turned in on time.

Thank you,
Mr. Aquino
St. Bruno Athletic Director



STUDENT AND YOUTH ACTIVITY PERMISSION FORM

CHILD'S NAME: _____ GRADE: _____

 Activity: Field Trip Other (specify) _____

Date: _____ Cost: _____

Educational Purpose: _____

 Description of Activity: _____ See Attached

 Mode of Transportation: Walk Car Pool Bus Other (specify) _____

Teacher/Adult Leader: _____ Attire: _____

I request that my son/daughter be permitted to participate in the above activity. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Health and Medical Release Form to the school/parish. I agree to direct my child to cooperate and conform to directions and instructions of the parish, school or Archdiocesan personnel responsible for this activity.

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school or parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

 Parent/Guardian _____
Date

 Home Phone _____ _____
Cell Phone Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____

Day phone: _____ Cell: _____