HOLY NAME SCHOOL ATHLETIC ASSOCIATION



215 West Horner Street Ebensburg, PA 15931 (814) 472-8817

PARTICIPANT REQUEST FORM 2021-2022 SPORTS—Holy Name School

| return the following sta | tement of | consent an | nd release of | liability. As | oly Name School, please complete, sign and sa parent or legal guardian, you remain fully ersonal actions taken by the named student. | |
|---|--|--|---|---|---|--|
| Parish, Holy Name Schorganization, any mana | oarticipate nool Athleti nger, coach | in the spor c Associati n, instructo | ts program(s on, Holy Nar r, umpire and |) at Holy N me School, d referees | (print student's name) warrant that I/we lame School. I/we hereby release Holy Name, the officers, directors and trustees of said in any such sports program(s) from any civil soring the sports program. | |
| condition(s) are preser | nt at the tin | ne of the in | itial physical | which may | an(s) to have a child physically reexamined if any be harmful to the child or any other reason(s) or during the time of participation in a said sport. | |
| | | | | | provide and maintain adequate medical insurance orts related injury will be the full responsibility of | |
| I/we understand it is the games. | e responsil | oility of the | parent or gu | ardian to p | rovide transportation to and from all practices and | |
| | iation. An | y damage | or misuse of | the uniforn | e for the uniform which is given to a team member m will result in parent(s) or legal guardian(s) ored games only. | |
| I/we have read and agr | ee to be go | verned by | the following | document | ts: Parent and Student Handbook. | |
| program(s) at Holy Nar | ne School | as indicate | | est that my | child be permitted to participate in the sports | |
| PLEASE COMPLETE | | | | | | |
| Child's Name: | | | | | _ Grade: | |
| Parent/Guardian Nam Texting OK? Yes | e: No | | | | Phone Number: | |
| T-Shirt Size (circle one): | YOUTH ADULT | Small Small | Medium Medium | Large Large | Extra Large | |
| Student Signature | | | Date | | | |
| Parent Signature | | | Date | | | |
| | | | | | | |
| | | | Holy Name School Use Only | | | |
| | | | Participant Form Completed: | | | |
| | | | | | Players Code of Conduct: PIAA Physical Form Completed: | |
| | | | | | PIAA Physical Form Signed by Physician: | |
| | | | | Payment t | o Holy Name Athletic Association: Check #: | |