

Nick Bornhauser
Physical Education/Athletic Director
Saint Dominic School
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St. Dominic
SCHOOL

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Athletic Registration and Insurance Waiver Form

SPORT: _____ DATE: _____ GRADE: _____

STUDENT INFORMATION

Student Name (Last): _____ (First): _____ (MI): _____

Male _____ Female _____ Home Phone: _____ Birth Date: _____

Home Address: _____
Street Apt. # City Zip Code

PARENT/GUARDIAN INFORMATION

1. Name: _____ Phone (Work): _____
Email: _____ (Cell): _____
2. Name: _____ Phone (Work): _____
Email: _____ (Cell): _____

FAMILY PHYSICIAN INFORMATION

Clinic Name: _____ Doctor's Name: _____
Address: _____ Phone: _____

THE FOLLOWING MUST BE SIGNED AND DATED: "We have read and agree to the following..." (please check)

- Insurance Waiver-** Saint Dominic School is released from any claim and demand in connection with injuries suffered by the above-named student while participating in a school related sport. The district does not carry insurance to cover these expenses.
- No False Information-** All of the completed information is accurate for the student-athlete and no information has been falsified.

ATHLETICS FEES

Volleyball: \$60.00
Basketball: \$75.00

Cash: _____ Check: _____

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Maximum of 4 user fees per year, per family. Fees can be waived on the basis of undue hardship or family.

Parent/Guardian Signature

Student Signature

Date

Saint Dominic School Emergency Information Card

Grade_____ Sport_____ School Year_____

Name_____ Student ID #_____

Birth Date_____ Male_____ Female_____

Address_____ City_____ Zip_____

1) Parent/Guardian Name_____ Home #_____ Cell #_____

Work #_____ Email Address: Home_____ Work_____

2) Parent/Guardian Name_____ Home #_____ Cell #_____

Work #_____ Email Address: Home_____ Work_____

Emergency Info: Name_____ Home #_____ Cell #_____

Doctor_____ Clinic_____ Phone_____

Dentist_____ Clinic_____ Phone_____

Hospital Preference_____ Insurance Co_____ Policy #_____

Medical limitations, concerns, and/or allergies

(Parent/Guardian Signature)

(Date)

(AD Clearance)

The following must be answered by the parent/guardian:

- | | | |
|---|-----|----|
| 1) Has the student been hospitalized in the last year? | YES | NO |
| 2) Major injury in the last year? | YES | NO |
| 3) Found to have one organ that is usually paired? (i.e. only one kidney) | YES | NO |
| 4) Required medication on a daily or episodic basis? (i.e. diabetic or asthma) | YES | NO |
| 5) Been knocked unconscious, had a concussion, or had a head injury within the last year? | YES | NO |

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- | | | |
|---|-----|----|
| 6) Fainted, blacked out, experienced dizziness or chest pain while exercising in the last year? | YES | NO |
| 7) Are there any weight losses or nutritional issues to consider? | YES | NO |
| 8) Do you know of or believe there is any health reason why this student should not participate in interscholastic athletics? | YES | NO |

If you answered, YES, to any of the above questions, please explain below:

PARENT CODE OF CONDUCT

I hereby pledge to provide positive support, care and encouragement for my child participating in sports at St. Dominic School by adhering to the following code of behavior. I will...

- 1) Ensure safe and prompt transportation for my child to and fro athletic activities
- 2) Encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other St. Dominic youth sports event.
- 3) Place the emotional and physical well-being of my child ahead of my personal desire to win.
- 4) Insist that my child play in a safe and healthy environment.
- 5) Provide support for the coaches and officials working with my child to provide a positive, enjoyable experience for all.
- 6) Demand a drug, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all St. Dominic youth sports events.
- 7) Remember that the game is for the student-athletes and not for the adults.
- 8) Do my very best to make youth sports fun for my child.
- 9) Ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- 10) Promise to help my child enjoy the youth sports experience within my personal constraint by assisting with coaching, bring a respectful fan, providing transportation or whatever else I am capable of doing to support the program.

PLAYER CODE OF CONDUCT

I hereby pledge to follow the conduct stated below in sports at St. Dominic School by adhering to the following code of behavior. I will...

- 1) Respect the rights and beliefs of others and will treat others with courtesy and consideration.
- 2) Be fully responsible for my own actions and the consequences of my own actions.
- 3) Respect the property of others.

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- 4) Respect and obey the rules of my school and the laws of my community.
- 5) Show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.
- 6) Will display good sportsmanship and respect toward my teammates and coaches by participating in practice sessions and games unless excused; and demonstrating cooperation and fairness in play using appropriate language.
- 7) Represent St. Dominic in a manner consistent with Christian concepts and good sportsmanship.

Penalty for Disqualification: Any student disqualified from an interscholastic contest by game officials will be ineligible for the next game or match. The second violation carries a penalty of the next four games or matches.

(Student Printed Name and Signature)

(Date)

(Parent/Guardian Signature)

(Date)