

**NORTHBAY CATHOLIC SCHOOL LEAGUE  
TRACK REGISTRATION  
Grades Kindergarten – 8<sup>th</sup> grade**

“The Philosophy of the Catholic School League is to provide students in the member schools the chance to learn and develop skills in the sports that are sponsored. The student athletes and their adult supporters are given the opportunity to interact with peers within their school, parish community, as well as other schools and parishes.”

**A REGISTRATION/MEDICAL RELEASE FORM MUST BE COMPLETED PER CHILD  
Boys & Girls  
REGISTRATION FORMS & FEES FOR TRACK ARE DUE BY April 1, 2010**

PLEASE PRINT and RETURN TO SCHOOL OFFICE WITH PAYMENT

Athlete's Name \_\_\_\_\_ M / F Grade \_\_\_\_\_

Youth T-shirt size  
Youth size 6-8 \_\_\_\_\_  
Youth size 10-12 \_\_\_\_\_  
Youth size 14-16 \_\_\_\_\_

Adult T-shirt size  
S \_\_\_\_\_  
M \_\_\_\_\_  
L \_\_\_\_\_  
XL \_\_\_\_\_  
XXL \_\_\_\_\_

<b>For Office Use Only:</b> <b>Amount Pd:</b> _____ <b>Cash:</b> _____ <b>Check #:</b> _____ <b>Date:</b> _____ <b>Initials:</b> _____
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Registration Fee \$25  
Uniform T-shirt (included)  
**Total due now:** \_\_\_\_\_

\*(Make checks payable to: St Eugene's School)

Parent / Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
(Please Print)

The track meet is on Sunday, May 16<sup>th</sup> at Justin-Siena. We will need 3-6 parents per grade to help run and supervise the practices and the track meet. If available, please contact Brian or Ali Sheahan at 527-7540.

**MEDICAL RELEASE**

I/We hereby authorize the staff of the NB CSL after-school athletic program and it's representatives to consent to any emergency medical or surgical care which may deemed necessary for my child while under their supervision. I have no knowledge of any physical impairment that would affect the above student athlete's participation in any rigorous physical activity. I understand that it is my responsibility to notify the Athletic Director & coach of any medical condition, which may affect my child. I understand that a reasonable attempt will be made to contact me before use of this consent.

I/We, the parents of the above named child, understand that the member schools, the CSL, and its representatives will attempt to provide reasonable supervision for our child. However, we understand that injuries can occur. These injuries can, on rare occasion, result in total disability, paralysis, or death. In consideration for providing my child the opportunity to play this chosen sport, I/We hereby release and save harmless the member schools, its employees and volunteers from any liability for any injury that my child may sustain while participating as a member of a CSL team.

Date	Parent/Guardian name (please print)	Home Phone #
_____ Signature of Parent / Guardian		_____ Other phone #'s

Any medical condition (such as asthma) your child may have or medications (such as inhalers) your child may need to use **MUST** be brought to the attention of your child's coach. Any medications must be in a sealed zip-lock bag with the child's name and clear, written instructions on use and permission granted to your child's coach to administer, as needed/directed.