



2015 Summer Athletics Enrollment Application



Student Name: _____ Date of Birth: _____ Grade(to be): _____

Address: _____ Home Phone: _____
Number & Street Name City Zip Code

School Last Attended: _____ School Attending Fall 2015: _____

Parent Name _____ Work Phone: _____ Cell Phone: _____

Parent Name _____ Work Phone: _____ Cell Phone: _____

If parent cannot be reached, contact: Name _____ Phone _____

<p>Please Identify Summer Program(s) You Wish to Enroll:</p> <p>Sport: _____ Coach: _____ Time: _____</p> <p>Sport: _____ Coach: _____ Time: _____</p> <p>*** Payment & Form Due to Main Office <u>before</u> 1st Day of Camp ***</p>	<p style="text-align: center;"><u>Office Use Only</u></p> <p>Total Classes Enrolled _____</p> <p>Fees Paid _____</p> <p>Initials of Approval _____</p>
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AUTHORIZATION TO PARTICIPATE AND RELEASE OF LIABILITY FORM

I am the parent and/or legal guardian and on behalf of myself, my spouse and my child hereby give my consent for my daughter/son to attend the Serra High School Summer Athletic Program and enroll in the program(s) for which a selection has been made. I certify the information given on this application is accurate. I have read and agree to abide by the California Interscholastic Federation (CIF) by-laws found in the BlueBook as well as the policies and procedures established by the Archdiocese of Los Angeles and Serra High School. I understand and accept full financial responsibility for selection(s) made on this application. Attending the summer practice session(s) does not guarantee a roster spot on athletic teams during the regular school year. There will be no grades or credit issued for the summer sessions.

I understand and agree that participation in the above listed camp and related travel, events and activities is entirely voluntary and that participation in the activity involves risks of injury and damage to participant, property and/or third parties. These injury risks vary from minor injuries such as scratches, sprains, etc., to major injuries such as damage to body parts, heart attacks, concussions, etc., to catastrophic injuries such as paralysis and death. I agree, on behalf of the participant to assume these risks and I also understand that, despite safety precautions, one cannot guarantee the participant will not be injured. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. 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 Serra High School, the their respective employees and any parent/volunteer/ chaperone, from any and all claims for personal injuries, wrongful death or property damage that my child 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 child to have medical treatment while participating in this activity, 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, 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 Signature _____ Date: _____