



May 14, 2010

Dear CKS Parent:

According to the *Interscholastic Athletic Manual* of the Diocese of Nashville, each individual interested in participation on an athletic team must complete an athletic registration form. ALL students are required to have this form completed for participation in our Physical Education classes. This registration form includes a physician's certification, general information, medical insurance information, a parental consent statement, and PREP eligibility (if applicable).

This registration form (reverse) is being sent home now to allow sufficient time this summer for you to complete it before school begins in the fall. The student's physical exam and therefore, the physician's certificate **MUST** be completed and signed after May 1st. All forms must be turned in by registration day, Monday, August 9th or earlier in the case of fall sports.

In order to help parents with this requirement, Christ the King's Parish Nursing Program has coordinated with physicians to offer physicals at Christ the King School on Thursday, May 27th at 12:30pm. There will be several physicians and nurses here to provide this opportunity. Payment for physicals is by donation and support the Jack Long Scholarship Fund provided by the Athletic Association. Suggested donation is the usual co-payment you would make to your physician's office.

For students to have an examination at CKS on May 27th, parents should complete and sign the pink (reverse) sheet and the attached form. The students should bring these forms with them to the examination. **Students without signed forms will not be examined.** If you prefer to use your own physician, only the pink form needs to be turned in by Monday, August 9, 2010.

Students may not participate in practice until these forms and fees are turned in. Coaches are not able to make exceptions to this Diocesan requirement. **Again, I point out that ALL students are required to submit the completed pink form for the 2010-2011 school year.**

If you have any questions feel free to contact the school at 292-9465. Have a great summer!

Peace,

Christine Caron Gebhardt

DIOCESAN ATHLETIC INTERSCHOLASTIC PROGRAM
REGISTRATION FORM

PHYSICIAN'S CERTIFICATE

I hereby certify that _____ (NAME OF ATHLETE) has been examined by me and found physically fit to engage in all Diocesan interscholastic athletics for the school year 2010-2011.

PHYSICIAN'S
SIGNATURE _____ DATE _____

GENERAL INFORMATION

NAME OF ATHLETE _____ SEX: M _____ F _____

ADDRESS _____ PHONE _____

GRADE _____ AGE _____ DATE OF BIRTH _____

PARENT(S)/LEGAL GUARDIAN(S) _____

ADDRESS _____ HOME PHONE _____ WORK PHONE _____

ANOTHER PERSON TO CONTACT _____

RELATIONSHIP _____ PHONE _____

ALLERGIES AND OTHER MEDICAL CONCERNS _____

MEDICAL INSURANCE

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____ GROUP NUMBER _____

ELIGIBILITY – RELIGIOUS EDUCATION STUDENTS

This student is an active member of _____ (NAME OF PARISH) Religious Education Program. He/She will be participating all year in the Religious Education Program.

(signature of pastor or designee) _____ (date)

PARENT CONSENT STATEMENT

By signing this form, I _____ (NAME OF PARENT/GUARDIAN) certify that I request and give my permission for _____ (NAME OF CHILD) to engage in the Diocesan interscholastic athletic program. I release the participating schools, principals, coaches, Knights of Columbus, the Diocese of Nashville and their representatives from any and all liability and waive claims against them.

(signature of parent or legal guardian) _____ (date)

NOTE TO PRINCIPALS AND COACHES

COACHES MUST HAVE A COPY OF THIS FORM FOR EACH ATHLETE AND SHOULD KEEP IT ON HAND FOR ALL GAMES AND PRACTICES. A COPY OF THIS FORM FOR EACH ATHLETE MUST BE ON FILE IN THE PRINCIPAL'S OFFICE BEFORE HE/SHE CAN PARTICIPATE IN ANY FORM OF THE DIOCESAN INTERSCHOLASTIC PROGRAM.