

# Pray then Play Sports



## QUEEN OF PEACE CATHOLIC COMMUNITY

**Sport(s) participating in:** \_\_\_\_\_

**T-Shirt Size** (circle one) ys ym yl as am al axl axxl axxxl

**Shorts size (included in cheerleading only)** circle one ys ym yl as am al axl

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work/Cell Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Other person to contact in case of an emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Specific Medical Allergies, Chronic Illnesses, or other conditions \_\_\_\_\_

Date of minor's last Tetanus shot \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ How many years have you played this sport? \_\_\_\_\_

### MEDICAL RELEASE:

**In absence of an authorized parent or guardian of my child, I hereby authorize Queen of Peace Catholic Community, 10900 S.W. 24 Ave., Gainesville, FL 32607 to obtain medical treatment for the above-mentioned child as a result of accident or injury while participating in Pray then Play Sports activities. This is to include any emergency first aid or medical care by any physician, hospital or attendant, which is deemed necessary by, said physician, hospital or attendant as a result of involvement in Pray then Play Sports activities.**

**I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medication for my child.**

**I/we as parent(s)/legal guardian(s) as primary carriers, do assume all costs for necessary medical treatment as needed and allowed in this authorization form. In order to simplify this process, our insurance carrier is \_\_\_\_\_ plan/policy number \_\_\_\_\_.**

### PHOTO RELEASE:

**This document also serves as a release for my child to appear in photographs and/or videotapes while participating in the above stated sports league for the purposes of publicity, staff training, and/or promotion.**

**Date:** \_\_\_\_\_ **Signature of Parent or Guardian:** \_\_\_\_\_

OFFICE USE Paid: \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_