



Registration Application Form

Presentation School Athletics



Student Name: _____ **Grade:** _____

Please complete and turn into the school office along with your Medical Authorization form.

SPORT: Basketball DUE DATE FOR REGISTRATION: 11/3/23

2023-2024 Rates

Standard Rate: \$55.00
Scholarships available
Contact school office

One method of payment: _____ **Charge fee to my Family's TADS account.**
I give Presentation of Mary permission to charge my TADS account.

Signature:** _____ **

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, I hereby for myself, my child, my heirs, executors and administrators release, absolve, indemnity and agree to hold harmless the Archdiocese of St. Paul/Minneapolis, Presentation of the Blessed Virgin Mary Parish and School, its representatives, successors, and assigns for any injury, illness or death as a direct or indirect result of this activity. I further agree to release, absolve, indemnify and hold harmless the above stated parties from any claims or lawsuits brought against them as a result of my child's behavior or the behavior of his/her parents or guardians at the event or related activities. I agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of any claims or lawsuits regardless of the prevailing party.

 Initial As a Precondition to participation, I accept responsibility for transporting my child to and from all athletic events and will make arrangements for my child during the time between the end of school and the start of practices or games. I understand that any volunteer who offers to drive students is doing so on the volunteers own behalf and is NOT driving on behalf of Presentation of the Blessed Virgin Mary School (even if they are also a coach) nor are they representing the school while in transit to and/or from any athletic event.

 Initial I warrant that my child is in good health and in the event of an emergency, I give permission for my child to be treated by medical professionals and to be transported to a hospital in accordance with the medical information submitted with my registration/enrollment to Presentation of Mary School.

 Initial I have read and will adhere to the policies of the Athletic Handbook and understand I will be contacted to donate a required two hours of service time to the athletic program.

Parent/Guardian Signature: _____ Date: _____

Email: _____

Phone #: _____

Student – Athlete Signature: _____ Date: _____