



HOLY ROSARY
CATHOLIC SCHOOL

HOLY ROSARY SPORTS PROGRAM CONSENT & REGISTRATION
CROSS-COUNTRY

Registration Fee: 35.00

Check No. _____

Full Name: _____

Address: _____

Telephone: _____ Birthdate: _____

PARENT'S CONSENT

I hereby give approval for participation of my child in the above Holy Rosary sport and affiliated association or league activities, and I assume all risk and hazards incident to such participation including to and from said activities, waive, release, absolve, indemnify and agree to hold harmless Holy Rosary School Directors, Teachers, Coaches, participants, and persons or parents transporting participants, to and from such activities from any claims of injury to my child.

Parent's Signature **Date**