



St. John Vianney Catholic School
Diocesan Athletic Interscholastic Program – Registration Form

Physician's Certificate

I hereby certify that _____ has been examined and found
(Name of Athlete)
physically fit to engage in all Diocesan Interscholastic Athletics for the Academic School Year of 20____ -
20____.

Physician's Signature _____ **Date** _____

General Information

Name of Athlete: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Grade: _____ Age: _____

Date of Birth: _____ Social Security #: _____

Parent(s)/Guardian(s): _____

Father's Social Security #: _____ Phone # (W): _____

Mother's Social Security #: _____ Phone # (W): _____

Additional Contact Person: _____ Phone #: _____

Relationship to Student: _____

Allergies or other Medical Concerns: _____

Medical Insurance

Name of Insurance Company: _____

Policy #: _____ Group #: _____

Policy Holder's Name: _____

CCD Student Eligibility

This student is an active member of _____ CCD Program. He/She
(Name of Parish)
will be participating all year in the CCD Program.

Signature of Pastor/Designee: _____ **Date:** _____

Parent/Guardian Consent Statement

By signing this form, I _____, give my permission for
(Name of Parent/Guardian)

_____ to engage in the Diocesan Interscholastic Athletic Program. I
(Name of Child)

release the participating schools, principals, coaches, Knights of Columbus, and the Diocese of Nashville and their representatives from any and all liability and waive claims against them.

Signature of Parent/Guardian: _____ **Date:** _____

Note to Principal's and Coaches:

Coaches must have a copy of this form for each athlete and should keep it on file and present at 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.