

# St. Joseph Programs Medical Information Form

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Name of Participant \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Name, relationship & phone number of persons to contact if parent cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Information

My child is allergic to the following foods or medications: \_\_\_\_\_

My child has a medical condition that you should be aware of:

\_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

My child presently takes this medication:

\_\_\_\_\_

You have my permission to give my child the following medication if necessary:

Medication & Dosage

\_\_\_\_\_

## Waiver of a Sports Physical

My, son/daughter \_\_\_\_\_ as far as I know is physically fit to participate in the St. Joseph basketball league. I will not hold St. Joseph liable for any injuries incurred while participating.

## Medical Release

I, parent or guardian of the child, whose name is listed on the same line with my signature below, hereby give approval to his/her participation in the St. Joseph Basketball League activities as member of the above-named church/school team. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, absolve and indemnify, and agree to hold harmless the Diocese of Charleston and the St. Joseph Basketball League, the school, the organizers, sponsors, supervisors, participants, and persons transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent and in the amount covered by accident and/or liability insurance held by the team or individual.

I also grant permission to managing and/or coaching personnel or other league representatives or league officials to authorize and obtain medical care and treatment from any licensed physician, hospital, or medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in league activities away from home, or at other times where neither parent/guardian is available to grant authorization for emergency treatment.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

# Code of Ethics for Youth Sport of Basketball at St. Joseph

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## "Parental Commitment"

- I pledge to provide support, care and encouragement for my child by following this Code of Ethics.
- I will familiarize myself with the sport of basketball, including a general knowledge of the rules
- I will always be a positive role model by exhibiting sportsmanlike behavior
- I will not be engaged in any unacceptable behavior such as berating players, coaches and officials
- I will always be gracious, whether losing or winning
- Most importantly, I will accept whatever action is deemed appropriate for my unacceptable actions to include, if necessary, the dismissal of my child from further participation
- I will remember that *the game is for youths, not adults.*

Player Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_