

MOQ TRACK & FIELD PAROCHIAL ATHLETIC LEAGUE

Open to all Registered Parishioners Grades 6-8, enrolled in MOQ's 5-day school or RE program

Turn in forms and \$50 to MOQ School Office by FEBRUARY 2, 2018

Athlete's Name _____ Grade: _____

Athlete's Address _____

Enrolled in: (circle one) 5-day school OR Religious Education

Shirt size (circle one) YL AS AM AL XL

Medical conditions (including allergies) that coaches should be aware of:

Parent(s) or Guardian _____

Email(s) _____

Phone number(s) _____

Assistant Coaches, meet volunteers and after school practice supervision help needed!

Please contact Coach Tietjen for more information: moqtrack@gmail.com

*****All Coaches/Volunteers Must Have Completed Safe Environment Training.*****

Schedule or renew your training through the archdiocese at www.archomaha.org

\$50 fee includes uniform t-shirt. Athletes must provide their own shorts (black- soccer/basketball length)

Checks made out to Mary Our Queen Athletic Committee

Please read and sign the release form

QUESTIONS? email Coach Mary Ann Tietjen: moqtrack@gmail.com

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FOR Committee use: Registration Fee \$50 Check # _____ Cash _____ Initial _____

Mary Our Queen Track & Field Team Release Form

I, the parent/guardian of the registrant, a minor, do hereby recognize the possibility of physical injury associated with track & field, I hereby, release, discharge, and/or otherwise indemnify the MOQ Track & Field Team, its affiliated organizations and sponsors (including, without limitation, Mary Our Queen Parish, the Mary Our Queen Track & Field Coaches and the Mary Our Queen Athletic Committee), their employees and associated personnel, including the owners of the facilities utilized for Track & Field, against any claim by, or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to and from the same which transportation I authorize.

As a parent or legal guardian of the above athlete, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or a doctor of dentistry. This care may be given under whatever conditions are medically necessary.

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian: _____ Date _____