Intramural Sports Program
Flag Football

Season runs
Sept 28 - Nov 16

3rd Grade
4th Grade
5th Grade
6th Grade

Registration:
Deadline is Friday, August 23 at 5:00pm
• Parent Captains and Student Referees Needed
• Teams will be formed August 31, 2013.

Drop off registration form at the switch board or mail to:

Intramural Athletics
200 E. Mission Street
St. Marys, KS 66536
Flag Football

2013 Registration Form for Boy’s Grades 3-6

Any Assumption Chapel Parishoner in the 3rd - 6th grades is eligible for Intramural Flag Football.

Games will be played on the Academy Football Field on Saturdays, beginning September 28, 2013. Teams will be formed August 31, 2013. Depending upon the weather the season will end November 16, 2013.

Registration Deadline is Friday, August 23th, 2013 at 5:00pm. Please return registration form to: St. Mary's Academy at 200 E. Mission Street or drop off form at the switch board.

A Flag Football fee of $20 per individual for the season, includes a game t-shirt. The fee must be included with registration form. All participants must register as individuals. The Intramural Coordinator will place you on a team.

All rules and schedules are in the Intramural Handbook and will be given to the Team Captains.

Child’s Name: ____________________________________________

Parent(s) Name: ____________________________________________

Address: __________________________________________________

Phone: _________________________________________________

Cell Phone: _____________________________________________

Email Address: __________________________________________

3rd Grade ____ 4th Grade ____ 5th Grade ____ 6th Grade ____

Age: ______ Date of Birth: _____ / _____ / _____

Shirt Size: XSMALL  SMALL  MEDIUM  LARGE  XLARGE  (please circle one)

Parent Team Captains and Student Referees Needed

I am a Parent and I am willing to be a Team Captain for the following Intramural Sports:

Flag Football _______

Name: ___________________________________________________

I am a SMA High School Student and I am willing to be a Referee for the Intramural Program.

Name: __________________________________________________

If you have any questions or would like more information about our Intramural Program please call Jason Harpe at 437 2471 ext. 106
MEDICAL TREATMENT CONSENT FORM

We, ___________________________________ and ___________________________________

parents of ___________________________________

hereby consent on behalf of our child, to any hospitalization or medical treatment by any licensed physician in the case of illness or injury to said child, arising from or relating to events or activities which take place in the travel to and from and during the following activity:

**Intramural Flag Football**

or while our child is otherwise in the custody of any of the priests, delegates, drivers, volunteers, agents, employees officers or directors of the Society of Saint Pius X, St. Marys, Inc. d/b/a St. Marys Church & Academy, The Society of Saint Pius X, South-West District, Inc., or any of its chapels, schools, or other subordinates or affiliated organizations in connections with said activity:

Father’s Signature: ___________________________________ Date  
Mother’s Signature: ___________________________________ Date

**Insurance Information**

Name of Policy Holder: ___________________________________

Name of Insurance Company: ___________________________________

Address: ___________________________________

Phone: ___________________________________

Policy of Identification Number: ___________________________________

Group Number: ___________________________________

Coverage Began: ___________ Coverage Ends: ___________

I hereby affirm that the above information is true. In the absence of any insurance, I understand that, as the person having legal custody of the child, I am fully and personally responsible for all financial obligations resulting from health care or emergencies.

Father’s Signature: ___________________________________ Date ___________

Mother’s Signature: ___________________________________ Date ___________

Name of child attending this activity: ___________________________________ Date of Birth: ___ / ___ / ___

Date of last Tetanus Shot: ___ / ___ / ___ Drug Allergies: ___________________________________

Contact in Case of Emergency: ___________________________________ Phone: ___________

ST. MARY’S ACADEMY
200 E. Mission Street, St. Marys, KS 66536
785 437 2471 ext. 106
RELEASE OF LIABILITY AGREEMENT

Notice to Parents

The following “Release of Liability Agreement” was created specifically for the Society of Saint Pius X camps, field trips, and other activities, and it’s use has been mandated by our legal counsel. Unfortunately, in this day and age, we live in a litigious world and the SSPX could be sued for any type of accident, which could occur at a camp, field trip or other activity, no matter how unlikely or remote. The following agreement is therefore necessary to protect the SSPX. By signing this agreement, you as parents should assume the full risk of any accident which could befall your child(ren) at the activity referenced below. Parents who do not wish to assume the risk should not sign this agreement, and should not allow their child(ren) to participate in the activity mentioned below.

We, ___________________________________________ and ___________________________________________

parents of ____________________________________________

fully recognize, acknowledge and consent to the inherent risks of personal injury in camps, field trips and other activities, including but not limited to those risks which are relatively minor (e.g., cuts, bruises, sunburns, blisters, falls, broken bones, insect bites, muscle strains and sprains, poison ivy/oak, etc) and also including risks which are less likely to occur but which can be severe or fatal, including but not limited to: falling from a dangerous height, airplane/flying accident, drowning, involvement in a brawl or fight, trauma, shock, depression, anxiety, or any other emotional or psychological disorder, vehicular or boating accident, victim to accidental gunshot or arrow wound, wounding by any other weapon or object, burning from fire or chemicals, running into or coming into contact with sharp or dangerous objects, lightning, avalanche, animal attack, human violence/mischief, earthquake, tornado, hurricane, or other unforeseen or unlikely event.

We agree to assume the full risk of any injuries including death, damages or loss which our child(ren) may sustain as a result of our child(ren) participating in any of the events or activities connected with the Saint Pius X, St. Marys, Inc. d/b/a St. Mary’s Church & Academy, The Society of Saint Pius X, South-West district, Inc., and any and every of it’s subsidiaries or affiliates, and any and every of the priests, counselors, agents, employees, officers or directors or other staff or personnel (including volunteers) of these entities from any liability or claim of liability, including but not limited to the negligence, or failure to supervise of any of these entities and individuals; furthermore, this release extends not only to any of the accidents or injuries mentioned in the preceding paragraph, but also to any other conceivable accidents or injuries, including death, any emotional distress, any damages (actual compensatory, consequential or incidental) or economic loss or loss of any property, or any intangible loss arising from or relating to events, travel, or activities which take place in connection with the following activities (please check each one that applies)


Intramural Flag Football

If any word, sentence, paragraph or other part of this agreement is struck down by any court or agency having competent and proper jurisdiction as being either void, illegal, unconscionable. or otherwise, then such action will not have the effect of rendering the entire agreement invalid; instead, the remainder of the agreement will stand and be binding on it’s own as if no part of the agreement were struck down.

Father’s Signature: ________________________________ Date ________________

Mother’s Signature: ________________________________ Date ________________

ST. MARY’S ACADEMY
200 E. Mission Street, St. Marys, KS 66536
785 437 2471 ext. 106