

Monsignor Bonner and Archbishop Prendergast Catholic High Schools B / J

- High School Spring Soccer League

Registration and Insurance Requirement Form

The Monsignor Bonner and Archbishop Prendergast Spring / summer soccer League, registrants, participants and general public use is at one's OWN RISK!

Monsignor Bonner and Archbishop Prendergast Catholic High School and the Archdiocese of Philadelphia and any of their respective agents WILL NOT be responsible for any medical bills received as a result of any participation injury in any of their programs, activities, or use of properties or facilities! All registrants, or parents of minor children are required to complete the following insurance information BEFORE they will be accepted into a program and allowed to participate! ALL MEDICAL CLAIMS MUST BE SENT TO YOUR PERSONAL HEALTH PLAN PROVIDER! In addition, I agree that pictures/video taken during programs may be used for future promotional purposes (news releases, web site, etc.)

NAME _____ AGE _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL _____ GRADE _____

EMERGENCY CONTACT _____ PHONE _____

NAME OF INSURANCE PLAN _____

POLICY # _____ GROUP # _____

NAME & ADDRESS OF FATHERS EMPLOYER _____

_____ PHONE _____

NAME & ADDRESS OF MOTHERS EMPLOYER _____

_____ PHONE _____

I have read the above requirements and fully understand its content and hereby certify and agree to hold harmless the parties of the Monsignor Bonner and Archbishop Prendergast Catholic High Schools and the Archdiocese of Philadelphia and their respective agents for injuries sustained while participating in any of its activities and programs. In the absence of a participant, parent, or guardian's signature below, payment of fees and/or participation in the program shall constitute acceptance of the conditions set forth in this release.

Signature of registrant or Parent of a minor:

Date: _____

Signature: _____