



Owensboro Catholic Middle School

5th and 6th Grades

2008 Girls Middle Soccer Program

Student Information:

Name _____ Date of Birth _____
Grade _____ Phone #'s _____
School _____ Parents Name _____
E-mail Addresses _____
Experience (Circle that apply): Rec. Select. None.

Medical Information:

Height _____ Weight _____
Insurance (Yes/No) _____ Company _____ I.D.# _____
Health Problems? _____

In compliance with State Law all student athletes are required to have a medical physical on file in the principal's office BEFORE they can participate. Physicals must be on a "KHSAA FORM"

WAIVER CLAUSE: (Applies to all participating Athletes)

The above named individual has our/my permission to participate in the athletic program sponsored by the OCCSS. We/I understand that no insurance is provided by the OCCSS, the individual school athletic department or any individual connected with the program. We/I agree to release from responsibility and to hold blameless the OCCSS, School Athletic Department or any individual who is assisting in the sports program sponsored by the OCCSS for any injury or sickness resulting from participation in the sports program.

Parent/Guardian Signature _____ Date _____

Students Shirt Size (please circle one): YS YM YL AS AM AL

We agree to keep the equipment assigned to us clean and repaired to the best of our ability. WE agree to replace equipment assigned to us that is lost, stolen or abused by us.

Parent/Guardian Signature: _____ Date: _____

This application is for all Girls' in the 5th and 6th grade that want to participate in the Girls Middle School Soccer Program. If you have any questions please contact Coach Durand Engineer at Durand.engineer@owensborocatholic.org or Phil Riney at priney@owens.twcbc.com

Registration Fee: \$20
Checks payable to OCMS