

St. Joseph Jr. Golf Team

Name _____ Age _____

Address _____

City _____ Zip Code _____

Phone Number (home) _____ (cell) _____

Email _____

School Attending _____ Grade _____

Members of St. Joseph Catholic Church; boys, girls ages 11 – 14 grades 5 –8 are eligible, whether catholic school, private school, public school or home schooled.

Season (practice starts) – mid July and league play starts September. Tournament and picnic is usually held the first Sunday of November.

Office phone: 556-4611
Address: 1695 Wallenberg Blvd.
Charleston, SC 29407
Attn: Athletics

St. Joseph Programs Medical Information Form

(please print legibly)

Name of Participant _____

Phone: Home _____ Cell _____

Name, relationship & phone number of person 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 summer basketball camp. I will not hold St. Joseph liable for any injuries incurred while participating.

Medical Release

If my emergency contact person or I cannot be reached, please seek medical treatment for my child in an emergency.

Parent's signature

Date