

## St. Viator After School Program

The St. Viator Athletic Association offers several after school programs for 4<sup>th</sup> -8<sup>th</sup> grade students.

1. Boy's basketball intramurals.
2. Girls cheerleading (during boy's basketball intramurals).
3. Girl's basketball intramurals.
4. Boys Rock & Jock (during girl's basketball intramurals).
5. Co-ed volleyball intramurals
6. 4<sup>th</sup> grade basketball camp
7. 5<sup>th</sup> - 8<sup>th</sup> grade traveling basketball teams.
8. 5<sup>th</sup> - 8<sup>th</sup> grade traveling volleyball teams.
9. Pre-K through 3<sup>rd</sup> grade- Primary Gym

Payment and forms are due prior to participation. Because we are unable to provide supervision for children not in the After School Program, we are asking that older children not bring younger siblings with them to the gym.

I hereby agree to the following conditions:

1. I agree to participate in one of the following insurance coverage options:

\_\_\_\_\_ I have enrolled my child in the Student Accident Insurance provided through St. Viator School.

\_\_\_\_\_ Through my own insurance, I have adequate coverage for any and all athletic injuries. I also agree to notify the program supervisor \_\_\_\_\_ should my coverage change at any time during the program.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

2. I agree to provide the program supervisor with the following Emergency/Health information:

Adult to contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Special Health/Physical conditions, if any: \_\_\_\_\_

If you or the above named individual cannot be reached, and in the judgment of the program Supervisor, immediate medical care is indicated; do you authorize the program supervisor to summon emergency medical attention (911)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Room # \_\_\_\_\_