



Join the **St. Patrick Emeralds**  
**2018 Mini Emeralds Clinic and Halftime Performance**

Clinic Date- Saturday, October 13th, 2018  
Halftime Performance- Friday, October 19, 2018

St. Patrick Catholic High School & the Emeralds welcome you to join the fun under the Friday night lights as they perform during half time. **Children ages 5 – 12** are welcome to participate. This is a great opportunity to allow your child to learn performance skills and make friends. Each child will receive a Mini Emeralds t-shirt, hair bow, pompoms, photo with the team and a memory they will cherish forever! All proceeds go to help with the St. Patrick Emeralds annual expenses.

**Clinic**

Saturday, October 13th  
9:00am-12:00pm

St. Patrick Catholic High School (Gym)  
18300 Saint Patrick Road  
Biloxi, MS 39532

**Forms & Fees**

Due by or before October 13th  
In Envelope w/ Childs Name

St. Patrick Catholic High School  
18300 Saint Patrick Road  
Biloxi, MS 39532

**Performance**

Friday October 19th  
6:30pm - Halftime

St. Patrick Catholic High School (Stadium)  
18300 Saint Patrick Road  
Biloxi, MS 39532

**Participation Fee**

\$60.00  
Cash or Check ONLY

Payments must be turned in with registration forms  
Make your check payable to:  
St. Patrick Catholic High School

**To Participate You Must Have the Following:**

1. Enrollment Form
2. Activity Participation & Consent Form
3. T-shirt/PomPoms/Bow Order Form
4. Payment In Envelope With Child's Full Name On The Outside

**Mail Forms & Payment Before October 13th To :**

St. Patrick Mini Emeralds  
18300 Saint Patrick Road  
Biloxi, MS 39532





**Registration & Enrollment Form** \*\*Every Mini Emerald MUST complete ALL of this form\*\*  
\*\*Please Print or Type\*\*

FULL  
NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\_\_\_\_\_

PARENT/GARDIAN  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GARDIAN  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

EMERGENCY  
CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL  
ATTENDING: \_\_\_\_\_

GRADE: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONDITIONS?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  
\_\_\_\_\_





**\*\*ALL LINES OF THIS FORM MUST BE COMPLETED TO SUBMIT\*\***

## St. Patrick Catholic High School Activity Participation & Consent Form

\_\_\_\_\_ plans to participate in **the Mini Emeralds Clinic & Performance**. Please read the following waiver and sign below indicating your understanding and agreement.

### **Athletic/Activity Participation**

All who wish to participate in athletics, extracurricular activities, or field trips should have a signed waiver before they will be permitted to participate. I understand that all school policies will be enforced during the entire time of any school-sponsored event whether on or off campus. Participation in Athletics and Extra Curricular Activities I give full consent for the above name student to participate in any and all activities associated with the Mini Emeralds. I understand my child will be under the supervision of the school-appointed chaperones during said events. I further understand that by granting this permission, I am agreeing that I and my child will abide by all policies and rules set forth by the Mississippi High School Athletic Association (MHSAA), the Catholic Diocese of Biloxi, St. Patrick Catholic High School, and the coaches, teachers, and/or sponsors of the said program or activity. I also understand that all decisions regarding the participation of the student in the said program or activity is made by the coaches or sponsors of the program. I agree to release, indemnify, and hold harmless St. Patrick Catholic High School and the Catholic Diocese of Biloxi, their agents, assigns, employees, and subdivisions from any and all liability, damages, or costs, including attorney's fees, for personal or property damages which may arise out of or are associated with or are a result of an accident or injury which involves the above named child and which are related to or occur while participating.

### **Medical Emergency Situations**

In case of emergency, I give permission for my child to be administered medical help. I assume any expenses for liability not covered by my insurance coverage. I also accept full responsibility for all medical and other related expenses. I hereby waive the Catholic Diocese of Biloxi, St. Patrick Catholic High School, and their agents or assigns of responsibility for such injury or expenses and waive any and all claims which may arise against them. I realize that participation in organized interscholastic activities involves the potential for injury which is inherent in sports, sometimes severe enough to result in disability or death. I understand that St. Patrick Catholic High School may provide insurance coverage for all students. This coverage is secondary to families that have primary insurance coverage. If a family does not have primary coverage, St. Patrick Catholic High School's insurance will be considered the primary coverage. All injuries of any nature must be reported to the coach or sponsor, parents, and the doctor of the student who is injured.





**Photography Release**

I authorize St. Patrick Catholic High School to publish photographs taken of my child for use in print, online, social media, and video-based marketing materials, as well as other company publications. I understand that it my responsibility to notify the administration of St. Patrick Catholic High School if I wish for photographs to not be taken of my child. I acknowledge and agree that publication of any photos confers no rights of ownership or royalties whatsoever. Furthermore,

I understand that St. Patrick Catholic High School has the right to deny any child’s participation in any school sponsored event if deemed necessary due to the possibility of harm to other children, discipline problems, payment deficiencies, or any other reason rationally related. By affixing my signature, I acknowledge that I have read, understand, and agree to all terms contained on this form.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

Print \_\_\_\_\_

MINI EMERALD  
NAME \_\_\_\_\_

TO PARTICIPATE ALL MINI EMERALDS MUST HAVE THE BELOW OUTFIT PIECES & THEY ARE INCLUDED IN THE PARTICIPATION FEE OF \$60.00. YOU RECEIVE ITEMS ON GAME DAY!

**T-SHIRT**

SIZE (Circle one)    Youth Sm.    Youth Med.    Youth Lg.  
Adult Sm.    Adult Med.    Adult Lg.    Adult XL

**BOW**                      Emerald Green on Ponytail holder

**POMPOMS**              2 White Dance Pompoms

**\*\*TOTAL**                      \_\_\_\_\_    Check# \_\_\_\_\_

**\*\*THIS IS THE AMOUNT DUE WHEN YOU TURN IN FORMS\*\***

