

All Saints Catholic Academy Athletics Registration

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ GRADE: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

E-mail Address: _____

HOME PHONE: _____ CELL PHONE: _____

SHIRT SIZE Child SM__Med__Large__ // Adult SM__Med__Large__XL__XXL__

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____ to participate in:

(CIRCLE) Volleyball Basketball Softball Cheerleading Track Floor Hockey Lacrosse Bowling T-ball

MEDICAL MATTERS: I hereby give permission for any and all medical attention necessary to be administered to my child, in the event of any accident, injury, sickness, etc., under the direction of the coaches/volunteers, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

FAMILY DOCTOR: _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY #: _____

KNOWN ALLERGIES: _____

KNOWN MEDICAL CONDITIONS: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME and RELATIONSHIP: _____ PHONE: _____

Please complete this form and the code of conduct form in their entirety and return to school (attention Athletic Dept.), along with a sports fee of \$40.00 for one child, \$50.00 for two children or \$60.00 for three or more children. Checks should be made payable to: All Saints Catholic Academy. This fee covers all athletic programs for the year.

Parent/Guardian Signature: _____ Date: _____