

Ss. Peter & Paul Sports Registration Form

SPORT: _____

I. Family Info

Family name: _____ Name of parents: _____
Address: _____ City/Zip: _____
Email 1: _____ Cell phone: _____
Email 2: _____ Home phone: _____

II. Player Info

Student name: _____ Date of birth: _____
Grade: _____ Jersey size (if necessary): _____

Any allergies or health conditions: Y / N

If yes, please explain: _____

III. Parent Responsibility

Head Coach: Y / N
Asst. Coach: Y / N
Concessions Coordinator: Y / N
Clock: Y / N
Parent rep at booster mtg: Y / N

In case of emergency and I cannot be reached, call:

Name: _____ Phone: _____
Relationship to Student: _____
Name: _____ Phone: _____
Relationship to Student: _____

If I cannot be reached, nor the other emergency contacts, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

ATHLETE MUST HAVE UPDATED PHYSICAL IN THE HEALTH OFFICE IN ORDER TO PLAY

Parent Signature: _____