

St Joseph Catholic School 2009-2010 Sports Registration Form

SCHOOL USE ONLY

Physical _____	Release Signed _____	Parent Contract _____	Student Contract _____
Cheerleading _____	Paid: _____	Cross Country _____	Paid: _____
Football _____	Paid: _____	Volleyball _____	Paid: _____
Basketball _____	Paid: _____	Baseball _____	Paid: _____
Softball _____	Paid: _____	Track _____	Paid: _____
Swim Meet 1 st Semester _____	Paid: _____	Swim Meet 2 nd Semester _____	Paid: _____
Tennis 1 st Semester _____	Paid: _____	Tennis 2 nd Semester _____	Paid: _____

Sports you may be interested in for this school year:

Cheerleading _____ Cross Country _____ Football _____ Volleyball _____ Basketball _____ Baseball _____
 Softball _____ Track _____ Tennis 1st Semester _____ Tennis 2nd Semester _____
 Swim Meet 1st Semester _____ Swim Meet 2nd Semester _____

FEES WILL BE DETERMINED WHEN EACH SPORT STARTS. STUDENTS MAY NOT PLAY OR PRACTICE UNTIL ALL FORMS ARE TURNED IN AND FEES HAVE BEEN PAID.

PLAYER INFORMATION

Please print

Player's name _____ Player's phone _____
LAST FIRST

Player's address _____ Zip Code _____

Birth Date _____ Boy Girl (circle one) Grade _____

PARENT INFORMATION

Please print

Mother's name _____ Home # _____ Cell# _____

E-mail address _____

Father's name _____ Home # _____ Cell# _____

E-mail address _____

Parent willing to coach Y N Sport(s) _____

Have you coached this sport(s) before? Y N

Please read and sign the authorization and release below.

Parental Authorization and Medical Release: I, the parent or guardian of the above named child, hereby give approval for participation in any and all league activities sponsored by Dallas Parochial League and/or St Joseph Catholic School. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from a licensed physician, hospital, or clinic should the player become ill or injured while participating in league activities when neither parent nor guardian is available to grant authorization for medical treatment. I assume all risks and hazards incidental to participation, including transportation to and from activities, for any claim arising out of an injury to the player.

Father/Mother/Guardian _____ Date _____
Circle one Signature