

# 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 <sup>st</sup> Semester _____	Paid: _____	Swim Meet 2 <sup>nd</sup> Semester _____	Paid: _____
Tennis 1 <sup>st</sup> Semester _____	Paid: _____	Tennis 2 <sup>nd</sup> Semester _____	Paid: _____

Sports you may be interested in for this school year:

Cheerleading \_\_\_\_\_ Cross Country \_\_\_\_\_ Football \_\_\_\_\_ Volleyball \_\_\_\_\_ Basketball \_\_\_\_\_ Baseball \_\_\_\_\_

Softball \_\_\_\_\_ Track \_\_\_\_\_ Tennis 1<sup>st</sup> Semester \_\_\_\_\_ Tennis 2<sup>nd</sup> Semester \_\_\_\_\_

Swim Meet 1<sup>st</sup> Semester \_\_\_\_\_ Swim Meet 2<sup>nd</sup> 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