



**St. Catherine of Alexandria Athletic Association
Sports Registration Form**

Instructions: Complete **one form per child per sport**. Tab to the gray boxes and type in information. Click on arrows and highlight appropriate item in drop-down boxes. Print a copy of this form from your home computer and bring to onsite registration at school. Save a copy of this form for your records.

Student Last Name: _____ **First Name:** _____
Street Address: _____
Town: _____ **Zip Code:** _____
Home Phone: _____ **DOB:** _____
Mom's Name: _____ **Dad's Name:** _____
Mom Cell: _____ **Dad Cell:** _____

Email: _____
Sport: _____ **Uniform Size:** _____ **Shirt:** _____
Grade at time sport will be played: _____ **Shorts:** _____
Insurance Company: _____ **click on arrow**

Group #: _____ **Policy #:** _____
Emergency Contact: _____ **Telephone:** _____
Emergency Contact: _____ **Telephone:** _____

Please describe in detail any health or medical conditions your child has that may affect his/her participation in sports:

Waiver and Release of Claims

Please read carefully and be aware that in signing below and registering your child for this program, you waive and release all claims for injuries that may arise as a result of participation in an Athletic Association activity.

As a parent of a participant in the St. Catherine of Alexandria Athletic Association programs, I recognize and acknowledge that there are risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child/ward may sustain as a result of participating in this program. I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in this program against St. Catherine of Alexandria School and its officers, agents and employees, including all members the Athletic Association and its coaches, from any and all claims from injuries, damages or loss which my child/ward may have accrued or may accrue to me on account of our participation in this program. I further agree to indemnify and hold harmless and defend St. Catherine of Alexandria officials and its agents and employees, including Athletic Association Board and coaches, from any and all claims sustained by me or my child/ward arising out of our association with the program. Finally, I authorize my child/ward to participate in this program and I authorize St. Catherine of Alexandria officials and coaches to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and I agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand this athletic program's waiver and release of claims.

Parent Signature _____ Date _____

For completion by Athletic Association member at on-site registration			
Payment			
<input type="checkbox"/>	Registration Fee	Amount: _____	Check #: _____ Date: _____
<input type="checkbox"/>	Volunteer Fee	Amount: _____	Check #: _____ Date: _____
Signature: _____		Date: _____	