

ST. IGNATIUS OF ANTIOCH ATHLETIC ASSOCIATION

REGISTRATION FORM

(PLEASE PRINT ALL INFORMATION)

Name:	Date of Birth:	Sex:	Age:	Grade:
Address:		City:		Zip:
School Attending:		Parish:		
Parent/Guardian Name:		Home Phone:	Cell:	
Email(s):				

My child is registering to play (circle one):
Basketball – Track – Cross Country – Volleyball

I _____, the legal parent and/or guardian of

_____ do understand that with playing sports comes some risk of injury. I accept this risk and will not hold St. Ignatius of Antioch Church, School, Athletics, coaches, Athletic Director, and/or volunteers, of the sport program liable for any injury that may occur during practices, games, sport clinics, sport camps, or on the grounds of St. Ignatius of Antioch. I assume the financial responsibility of my child's medical attention as well as any other cost that may arise from an injury.

 Parent/Guardian Signature Printed Name Date

NOTE: Registrations will not be accepted without parent/guardian signature

Once the regular season begins there will be no refunds issued for registration fees, there is no amount of games that will need to be played.

Does your child have a history of medical concerns? _____ Yes/ _____ No

If yes please explain:

Does your child take medications? _____ Yes/ _____ No

If yes, please list medication(s):

Emergency Contact Person – (other than guardian listed above) _____

Telephon Number(s): _____

HEIGHT:		
Fee Paid:	Date Received	
Physical: YES NO	Date of Physical:	Parish Sign-Off YES NO