

**St. Mary's Parish**  
**Athletic Registration Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Registrant is a (check one): Student  Parishioner  School (if not student): \_\_\_\_\_

If you are interested in helping in any of the following areas:

Coaching\*  Assistant Coach\*  Team Parent

**\*Volunteers are required to complete all volunteer screening forms and complete the VIRTUS training.**

**MEDICAL INFORMATION & RELEASE**

Physician/Pediatrician: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

List any medical problems or current medication taken: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

I, as parent or guardian of the above child, give my approval for his/her participation in the St. Mary's Youth Athletics. In case of injury to my child, I give my permission to render or obtain necessary medical care until I can be contacted. I also assume any financial obligations for such medical treatment. I hereby release, absolve, and hold harmless St. Mary's Church and School and all persons involved in the athletics program, and waive all claims against any or all of them. I understand that I am responsible for accident insurance coverage.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**MAKE CHECK PAYABLE TO: ST.MARY'SPTO and write event name on the memo line - \$95 per player**

