



ST. JOSEPH SCHOOL ATHLETICS REGISTRATION

Registration Fees: Cross Country & Cheerleading: \$45 Basketball, Volleyball & Soccer: \$75

SPORT: _____ SCHOOL YEAR: _____

NAME: _____ DATE OF BIRTH: _____

GRADE: _____

PARENT(S) OR GUARDIAN NAME: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL(S): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

HEALTH INSURANCE COMPANY: _____

HEALTH INSURANCE POLICY NUMBER: _____

CHILD'S PHYSICIAN: _____ PHYSICIAN PHONE NUMBER: _____

ALLERGIES: _____ ASTHMA: Yes or No

MEDICATIONS: _____

PREFERRED HOSPITAL: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

I acknowledge that I have read and understand the following documents as required by CAL and St. Joseph School these documents were presented to me at registration or downloaded by me:

1. Consent and Assumption of Risk Form
2. Parental Code of Conduct
3. Code of Ethical Conduct

To help us out with uniforms, please list your child's size specifying adult or child.

T-shirt size/jersey _____

Shorts (drawing string) _____

Every family must help during the season on the team host weekends. Please circle your preference.

DOOR

CONCESSIONS

To the best of my knowledge the above information is factual and accurate:

Signature of Parent(s) or Guardian: _____