

ST. AGNES ATHLETIC ASSOCIATION 2008-2009 REGISTRATION FORM

ATHLETE'S NAME: _____ GRADE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ DATE OF BIRTH: _____

NAME OF SCHOOL: _____ NAME OF PARISH: _____

MOTHER'S NAME: _____ CELL PHONE #: _____

FATHER'S NAME: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT	PHONE	PHYSICIAN'S NAME	PHONE

NOTICE OF HEALTH CONDITIONS: List any health conditions that the coach should be aware of:

DISCLAIMER: Having been informed of the organization of the Saint Agnes Athletic Association to provide supervised games for boys and girls, I/We, the parents of the above named child/children hereby give my approval to his/her participation in any and all activities during the current season. I/We assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities; and I/We do further hereby release, absolve and indemnify and hold harmless Saint Agnes Athletic Association, the organizers, sponsors and the supervisors any of all of them. In case of injury to my/our son/daughter, I/We hereby waive all claims against the organizers, sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son/daughter to or from the activities.

SIGNATURE OF PARENT or GUARDIAN: _____

ACTIVITY	FEE	
FOOTBALL	\$75.00	\$ _____
GIRL'S BASKETBALL	\$75.00	\$ _____
CHEERLEADING	\$45.00	\$ _____
RAFFLE TICKET BOOK FEE	\$40.00	\$ <u>40.00</u>
TOTAL FEE \$		_____

VOLUNTEER COMMITMENT: The Saint Agnes Athletic Association requires participation by all parents to help make our programs successful. Every family is required to participate in fundraising activities which include raffle ticket and concession stand sales. Family members working concession stands must be at least 18 years of age. You will be contacted at a later date regarding the volunteer schedule. An additional fee will be charged to those families that do not participate.

I AM INTERESTED IN: Concession Stand ___ Coaching ___ Team Parent

Date Registered _____
Amount Received \$ _____
Raffle Ticket Book # _____
Check # _____
Cash _____
Initials _____

Date Registered _____
Amount Received \$ _____
Raffle Ticket Book # _____
Check # _____
Cash _____
Initials _____