

HOLY FAMILY ATHLETICS REGISTRATION FORM

SCHOOL YEAR _____ SPORT _____

GRADE _____ GENDER Male Female

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ EMAIL _____

PARISH _____ SCHOOL _____

BIRTHDATE _____

List any medical conditions, allergies or physical limitations below. This information is to be used in case of an emergency only.

Student signature is agreement that the student understands the responsibilities of participation in Holy Family Athletics.

Student signature _____

Parent signature releases Holy Family Athletics from any and all liabilities that may arise from injuries sustained in any Holy Family Athletics sponsored events.

Parent signature _____

For Coach Use Only

| | |
|-------------------------|---------------------------|
| Fee Paid | CYO Registration Complete |
| Uniform Number and Size | |