

Paid by

Cash Check # _____

Amount \$ _____

Birth Certificate Yes No

Student Information

Please Print

All participants must be registered St. John Students.

Verified By: _____

_____ Last Name

_____ First Name

_____ Gender

_____ Birthday

_____ Age

_____ Grade

Registration Information

Fall

Soccer

Flag Football

Winter

Clinic Basketball 1st - 2nd Cheerleading

Basketball 3rd - 8th

Indoor Lacrosse

Spring

T-Ball

Lacrosse

Soccer

Track

Uniform Information:

Shirt Size:

Youth

Small
 Medium
 Large

Adult

Small
 Medium
 Large
 XL

Pant Size:

Youth

Small
 Medium
 Large

Adult

Small
 Medium
 Large
 XL

Current Jersey # _____

Family Information:

Mothers Name _____ Fathers Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Insurance Carrier _____

Family Doctor _____ Phone _____

Special Medical / Other Considerations _____

As a parent or guardian, I am willing to:

Coach
 Assistant Coach
 Team Parent

Stand Training:

Father
 Mother
 Both

WAIVER - As the parent or guardian of this child, I authorize participation in the above program. I understand that participation in this athletic activity involves some risk of physical injury or harm; however, I assume all risks and hazards incidental to such participation both during an activity and enroute, and do hereby release and waive all claims against St. John Regional Catholic School, Inc., its staff, volunteers, and participants. I also grant permission for emergency first aid to be given to my child in case of injury. In addition, I assure the proper care and return of all SJRCS Sports Program uniforms and equipment and agree to pay for any that are lost or damaged

Parent Signature _____ Date _____

Comments: _____