

# Registration Form

## St. Peter Athletic Association

**LEAVE THIS AREA BLANK** Account #: 0

Directors: Please ensure ALL fields are completed.

Date: \_\_\_\_\_ Confirm Grade/Gender: \_\_\_\_\_

Fees Collected: \_\_\_\_\_ Initials: \_\_\_\_\_

### Child's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth (m/d/y) \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (Season) \_\_\_\_\_ School \_\_\_\_\_

Jersey Size \_\_\_\_\_ Pants Size \_\_\_\_\_

Parish in which a Member (or NONE) \_\_\_\_\_

Lives Within Parish Boundaries? ☐ Yes ☐ No

Plays Same Sport in Another League? ☐ Yes ☐ No

Insurance Carrier \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Notes: \_\_\_\_\_

Emergency Contact Information (other than Parents)

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

- |                                                    |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Baseball, Boys, K-8       | <input type="checkbox"/> Volleyball, 3-8             |
| <input type="checkbox"/> Softball, Girls, K-8      | <input type="checkbox"/> Track, 1-8                  |
| <input type="checkbox"/> T-Ball, Boys/Girls, Pre K | <input type="checkbox"/> Basketball, 4-8             |
| <input type="checkbox"/> Soccer, K-8               | <input type="checkbox"/> Instructional Basketball, 3 |

### Father's/Guardian's Information ☐ Address Same as Child's

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail (1) \_\_\_\_\_

E-Mail (2) \_\_\_\_\_

☐ Would Like to be Head Coach ☐ Would Like to be Asst Coach

### Mother's/Guardian's Information ☐ Address Same as Child's

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail (1) \_\_\_\_\_

E-Mail (2) \_\_\_\_\_

☐ Would Like to be Head Coach ☒ Would Like to be Asst Coach

### Medical Waiver and Permission to Treat

I, \_\_\_\_\_, being legal guardian of \_\_\_\_\_, a minor, authorize Coach \_\_\_\_\_ and/or Assistant Coach \_\_\_\_\_, in whose care the minor has been entrusted to consent on my behalf any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or surgeon, and to consent on my behalf to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by any licensed dentist or doctor. The authorization is valid for the duration of the sport indicated above. I hereby assume responsibility for all costs of any such treatment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian

**Uniform Policy:** If a player does not turn in their uniform at the end of the season, he/she will not be allowed to register for another sport until the missing uniform is paid for or returned. Cost varies by sport.

**Insurance:** The Association does not provide medical insurance for participants. The undersigned parent or guardian of the participant states that he/she is adequately covered by private accident insurance.

**Release:** The undersigned parent or guardian on behalf of themselves and the above minor child agrees to indemnify and hold harmless the St. Peter Parish, the league in which they belong, the coaches, the parents, or any other person, including those who transport to and from games and practices, for any damages and injuries to the said child as a result of their participation in the St. Peter's Sports Program. They agree not to file any suit in pursuance of any rights.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian