

St. John the Baptist Athletic Association Registration Form
ATHLETIC ASSOCIATION MEMBERSHIP FEE

Membership Fee - \$50 per family per school year

Family Name: _____ Amount Paid: _____ Check #: _____ Cash: _____

PLAYING FEE

Playing Fee - \$50 per sport per person: Amount Paid: _____ Check # _____ Cash _____

Boys Sports: Football Basketball Volleyball Track Baseball Other _____

Girls Sports: Basketball Cheerleading Volleyball Track Softball Other _____

Jersey Size _____

Circle: Youth Adult

Jersey # _____

SPORT REGISTRATION

(Please Print Clearly)

Player Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Phone: _____ Age: _____ Date of Birth: _____ Male Female

Email: _____ Parents' Names _____

School Attending: _____ Grade: _____ Member of St. John Parish: Yes No

Does your child have any medical conditions the Board/Coach should be aware of: Yes No

If yes, please explain: _____

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____

EMERGENCY CONTACT INFORMATION

Name	Relationship to Child	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

VOLUNTEER INFORMATION

We need help in the following areas. If interested, complete this section.

Board Member Coach Sport Coordinator (i.e. Baseball Coordinator, Volleyball Coordinator)

Name: _____ Phone: _____

Comments: _____

WARNING: I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play/participate in the above-mentioned sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, injury to virtually all bones, ligaments, muscles, tendons and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing or practicing to play/participate in the above-mentioned sport might result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other businesses, social and recreational activities and generally enjoy my life.

RELEASE: I relieve the coaches and team sponsor of any liability due to any accident incurred while participating in the sport, attending practice or enroute to or from a game. I understand my child may receive uniforms and/or equipment which remain the property of St. John the Baptist Athletic Association. I agree to return same at the end of each season. If the equipment and uniform are not returned, I will reimburse St. John the Baptist Athletic Association the replacement cost.

Uniforms are to be worn for games only. Uniforms are not to be worn to school or used as everyday clothing. It is your responsibility to properly care for your uniform.

Parent or Guardian Signature: _____ Date: _____