



# 2015 All Sports Registration Form

Child's name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ M/F Child's Grade: \_\_\_\_\_

It is the responsibility of the parent/guardian to provide insurance for their child while participating in sports activities. Please provide the following information:

My child is covered by \_\_\_\_\_ insurance company.

My child is not covered by insurance, therefore, I accept total responsibility for accidents or injuries, and any related charges, incurred during sports activities.

1. I hereby release St. Joseph Church, Farmington, MO, St. Joseph School, Farmington, MO., St. Joseph Farmington Athletic Association and any/all representatives, employees, volunteers, any/all financial responsibility for accidents or injuries incurred during or related to sports activities.

2. PHYSICALS (please check one) (5<sup>th</sup> Grade and up)

My child had a Sports Physical on \_\_\_\_\_ performed by a licensed physician, and is cleared by said physician to be physically fit and that there are no limitations for participation in sports activities. **PLEASE ATTACH MSHSAA PHYSICAL to this form.**

My child is on the following medications: \_\_\_\_\_

Please list any physical limitations or special instructions related to your child's condition: \_\_\_\_\_

3. UNIFORM FEE: The Athletic Association provides shorts and jerseys are the responsibility of the player along with a \$25 fee. Uniforms are issued upon collection of the fee. Uniforms should be returned to the Athletic Association on picture day. **Any shorts not returned or in poor condition will result in a one-time charge of \$20 for the replacement cost. PLEASE DO NOT RETURN UNIFORMS TO THE SCHOOL.**

4. Participation in Athletic Association sports program is subject to the AA handbook and any St. Joseph Catholic School rules.

5. **PARENTS please sign below:**

I have read and understand the above Registration Form: \_\_\_\_\_

I have received a copy of the AA handbook: \_\_\_\_\_ (date) \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parent Email address: \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Ck# or Cash: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Uniform Shirt Size: \_\_\_\_\_ Uniform Short Size: \_\_\_\_\_

**PLEASE CIRCLE ALL THAT WILL APPLY TO YOUR CHILD**

**Basketball**

**Volleyball**

**Soccer**

**This form must be completed and signed, plus fee paid prior to participating in AA sports.**