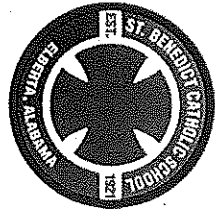


Saint Benedict Catholic School Sports Registration Form



Name (that appears on birth certificate) _____
 Name player goes by (if different than above) _____
 Age _____ Date of Birth _____ Male _____ Female _____ Grade _____
 Parents _____
 Address _____
 Home Phone _____ Cell Phone _____ Work _____
 Email Address _____
 Previous Experience? (yes) (no) Number of seasons played? _____ Last year played? _____
 Sport to be played: _____

Medical / Accidental Insurance YES _____ NO _____ Name & Number of Preferred DR _____
 Name of Insurance Carrier _____ Policy # _____

Any **HEALTH** situations should be noted so adequate precautions can be taken, please note any allergies, including food allergies.

All Players must be insured to play.

Circle **CHILD** or **ADULT** next to appropriate size for both shirt and short.

Shirt Size _____	Shorts Size _____
Child / Adult SMALL	Child / Adult SMALL
Child / Adult MEDIUM	Child / Adult MEDIUM
Child / Adult LARGE	Child / Adult LARGE

Student Agreement/Code of Conduct: While participating in school sponsored event I will accept responsibility for maintaining good conduct and appearance. I will listen attentively, follow directions and be respectful to everyone. I understand and accept that all school and parish rules and disciplinary actions apply to this trip. My parent(s)/guardian(s) and I have discussed this code of conduct for the school sponsored event. * Participant's Signature: _____ Date: _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (name of parish/school/institution) _____ its officers, directors, employees, coaches and agents, and the Archdiocese of Mobile, its employees and agents, chaperones, coaches or representatives associated with the event, from any claim arising from or in connection with my child attending the sporting event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school/institution, its officers, directors, coaches and agents, and the Archdiocese of Mobile, its employees and agents and chaperones, coaches or representative associated with the event for reasonable attorney's fees and expenses that may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/institution/archdiocese * Signature: _____ Date: _____

PLEASE MAKE ALL CHECKS MADE PAYABLE TO ST. BENEDICT CATHOLIC SCHOOL.

Date of Payment _____ Amount _____ Payment type: Cash _____ Check _____ Check # _____
 Number of Children Playing _____
 Payment Received By _____ Date _____