

ST. MARGARET MARY ATHLETIC ASSOCIATION
2010
TRACK & FIELD REGISTRATION FORM
3rd – 8th grade boy's & girl's ONLY

NAME _____ PHONE _____

ADDRESS _____ ZIPCODE _____

GRADE/CLASS _____ SEX _____

DATE OF BIRTH _____ AGE _____

PARISH _____ SCHOOL _____

PARENT(S)/GUARDIAN(S) _____

HOME# _____ WORK# _____ CELL# _____

e-MAIL
(PARENT) _____

EMERGENCY
CONTACT _____ PHONE _____

FAMILY
PHYSICIAN _____ PHONE _____

HEALTH
PROBLEMS/ALLERGIES _____

INSURANCE
CARRIER _____

GROUP# _____ ID# _____

SUBSCRIBER _____

Uniform Information: Adult Sizes Only

T-Shirt Size: _____

(OVER)

I understand that participation in athletic competition is always accompanied by the risk of injury. I also understand that while St. Margaret Mary Athletic Association will do everything reasonable to prevent injuries, there is still a possibility of a player incurring an injury. Furthermore, I, _____, agree to hold St. Margaret Mary Athletic Association, St. Margaret Mary School and supporting parishes, and all coaches and volunteers involved, harmless and without liability.

I also acknowledge that I DO / DO NOT have medical insurance covering _____ and will hold St. Margaret Mary Athletic Association, St. Margaret Mary School and supporting parishes, and all coaches and volunteers involved, harmless and without liability for any medical expenses or treatment under any circumstance.

SIGNATURE _____

DATE _____

RELATIONSHIP _____

Your child will NOT be allowed to participate unless payment and forms are received before the first practice.

\$50.00 fee for all returned checks