

St. Nicholas of Tolentine

3741 W. 62nd St. -Chicago, IL 60629

2016 SPORTS REGISTRATION FORM

PARTICIPANT #1 INFORMATION

Last Name: _____ First Name: _____

Birthdate: _____ Girl Boy Grade _____

Sport Fee for **1 Sport**:

Soccer fee of **\$40** Volleyball fee of **\$40** Basketball fee of **\$40**

Sport Fee for **2 Sports: \$60**

Soccer Volleyball Basketball

Sport Fee for **3 Sports: \$70**

Soccer Volleyball Basketball

Cost of uniform will be extra.

Will a uniform be needed? Yes No

Are there any medical problems we should be aware of?

PARTICIPANT #2 INFORMATION

Last Name: _____ First Name: _____

Birthdate: _____ Girl Boy Grade _____

Sport Fee for **1 Sport**:

Soccer fee of **\$40** Volleyball fee of **\$40** Basketball fee of **\$40**

Sport Fee for **2 Sports: \$60**

Soccer Volleyball Basketball

Sport Fee for **3 Sports: \$70**

Soccer Volleyball Basketball

Cost of uniform will be extra.

Will a uniform be needed? Yes No

Are there any medical problems we should be aware of?

FAMILY INFORMATION

Father:

Mother :

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Home Address: _____

Home Address: _____

Home Telephone: _____

Home Telephone: _____

Cell#: _____

Cell#: _____

Email: _____

Email: _____

*Only 1 cell number will be used by coaches and Sports Board to contact parents. Please circle the PRIMARY number that you chose to be selected. (Other numbers will be used in case of an emergency.)

Sport Registration Fee Total: _____

Please make all checks payable to St. Nick's Sports Board. Include your player's name & Sport on check.

SPORTS BOARD USE ONLY Check# _____ Amount \$ _____ Cash \$ _____ PAID IN FULL

Payments Plan: **Y** **N**

Plan Details: **Weekly** **Monthly**

Payment Dates:

#1: _____

#2: _____

#3: _____

#4: _____

#5: _____

Payment Amounts: \$ _____

Payment Method: **Check** **Cash**

Check# _____ Amount \$ _____

Cash \$ _____

Final Payment Date: _____

Emergency Contact and Medical Information for a Child

				M	F
Child's Name		Date of Birth		Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name			
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact			
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations This includes any forms of asthma.**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on sport events / trips. I release St. Nicholas of Tolentine and individuals from liability in case of accident during activities related to St. Nicholas of Tolentine, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date