

# St. Nicholas of Tolentine

3721 W. 62<sup>nd</sup> St. -Chicago, IL 60629

## 20\_\_ SPORTS REGISTRATION FORM

### PARTICIPANT #1 INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_  Girl  Boy Grade \_\_\_\_\_

Sport:  Soccer fee of **\$50**  Volleyball fee of **\$50**  Basketball fee of **\$60**

Plus a Family Fee of **\$60**. The Family Fee includes a book of 6 tickets to the Breakfast with Santa event to be held in early December. **Cost of uniform will be extra.**

Will a uniform be needed?  Yes  No

Are there any medical problems we should be aware of?

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### PARTICIPANT #2 INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_  Girl  Boy Grade \_\_\_\_\_

Sport:  Soccer fee of **\$50**  Volleyball fee of **\$50**  Basketball fee of **\$60**

Will a uniform be needed?  Yes  No

Are there any medical problems we should be aware of?

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### FAMILY INFORMATION

Father:

Mother :

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

## 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

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Hospital/Clinic Preference

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Physician's Name

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Phone Number

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Insurance Company

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Policy Number

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Allergies/Special Health Considerations

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.

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Parent's/Guardian's Signature

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Date

I give permission for my child to go on field 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.

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Parent's/Guardian's Signature

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Date

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Witness Signature

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Date