

Paid: Chk # _____ Cash
Amount: _____

St. Joseph Shamrocks – High School Basketball Registration Form

Child's Name: _____ Birthdate: _____ Grade: _____
Address: _____ Age: _____
Phone: _____ Cell Phone: _____
Email: _____

Parish: _____ **School:** _____

Parent Information: If address and home phone are the same as above, just write "same"

Fathers Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email Address: _____

Mother's name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email Address: _____

Parent Release:

I hereby waive any claims against St. Joseph Athletic Association and or St. Joseph Parish for any and all causes, which may arise in connection with his or her participation in this activity.

Signed: _____ Date : _____

(Parent or Legal Guardian)

Is your child covered by health insurance in case of injury? Yes _____ No _____

Name of Insurance Company _____

Id # _____ Group # _____

Medical Information:

I (We) do hereby state that my child is physically fit to participate in all activities of the St. Joseph Athletic Programs. I (We) authorize coaches, volunteers and board members of the St. Joseph Athletic Association to seek whatever medical assistance they deem necessary in the event of an accident to or illness of my child.

Parent Signature: _____ Date: _____

Emergency Information:

Physician's Name: _____ Phone#: _____

Dentist's Name: _____ Phone#: _____

In case of a medical emergency, parents will be called first. If you cannot be reached, please list two other people that we could contact.

Name: _____ Home phone #: _____ Work # _____

Name: _____ Home phone #: _____ Work # _____

Please list any known allergies or medical problems and/or medications: _____

*Any child that has an illness that can be aggravated by physical activity should have a physical done by their family physician before starting practice. Parents should inform coaches about all medical problems.

