

## ST. EUGENE SPORTS REGISTRATION

SPORT \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_ ROOM \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY PHONE/ CONTACT \_\_\_\_\_

\_\_\_\_\_

ANY MEDICAL PROBLEMS THE COACHES SHOULD BE AWARE OF?

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**PLEASE NOTE THAT THE PARENT(S) IS RESPONSIBLE FOR GETTING ATHLETES TO AND FROM GAMES AND PRACTICES. COACHES ARE NOT RESPONSIBLE FOR ATHLETES AFTER GAMES AND PRACTICES HAVE ENDED.**

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

REGISTRATION FEE RECEIVED \_\_\_\_\_