

# St. Dorothy Athletic Association 2011-12 Registration Form

Sport: \_\_\_\_\_

Player's Name _____	Email _____ @ _____	
Address _____		
City, State _____	Zip _____	
School _____	Date of Birth _____	Grade _____
Mother's Name _____	Father's Name _____	
Mother's Home Telephone # _____	Father's Home Telephone # _____	
Mother's Cell Phone # _____	Father's Cell Phone # _____	
Mother's Email _____ @ _____	Father's Email _____ @ _____	
Emergency Contact Name, Number & Relationship: _____		
Medications/Allergies: _____		
Doctor's Name and Number: _____		
Dentist's Name and Number: _____		

**Please check all that apply:**

- Player is a student at St. Dorothy School  Player attends PREP Program  
 Player is a registered member of St. Dorothy Parish

I (we) the undersigned, the parent(s)/guardian(s) of the above named child hereby release and agree to hold harmless St. Dorothy's Athletic Association, its officers, agents and employees from any and all actions, causes of actions and claims for injury or damage to my (our) child or her property arising from participation in the activity of St. Dorothy Athletic Association sports programs. I (we) hereby consent to our child to participate in the above identified sport and authorize medical care of my (our) child as may be necessary in the event of any emergency. I give my permission for my child to ride in someone's car to and from games, if necessary. I am responsible for the uniform and will return it, in appropriate appearance, to the head coach when requested or I will pay a replacement cost of \$75. I have read, fully understand and agree with the above statements.

\_\_\_\_\_ Date \_\_\_\_\_ Signature(s) of Parent(s) or Guardian(s)

## PARENT PARTICIPATION

The Athletic Association will make every effort to help your child learn the sport while practicing sportsmanship. The number of players and teams, which can be accommodated, depends on available funds, available facilities and the number of volunteers available to administer the program. We ask for your willingness to participate when called upon. Also, please demonstrate your gratitude to the coaches for their time and effort by being punctual picking up your child after practices and games.

I am willing to assist The Athletic Association program in the following capacity:

- |                                     |   |                                       |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach        | <input type="checkbox"/> Team Parent  |
| <input type="checkbox"/> Scorer     | <input type="checkbox"/> Furnish Transportation | <input type="checkbox"/> Fund Raising |

\_\_\_\_\_ Date \_\_\_\_\_ Signature(s) of Parent(s) or Guardian(s)