

ST. JOAN OF ARC PARISH

FOOTBALL REGISTRATION

PAID: YES _____ Check # _____

Fee: \$65 (non-refundable)

NO _____

*PLEASE fill this form out COMPLETELY

| STUDENT & PARENT INFORMATION | | | |
|---|-----------------|--------------------|--|
| Parent Last Name | First | Date | |
| Student Last Name | First | Grade | |
| Street Address | | Apartments / Unit# | |
| City | State | ZIP | |
| Phone | Alternate Phone | | |
| School/Parish: | E-Mail Address: | | |
| Player's Birthdate: ____/____/____ | | | |
| Parent is willing to be a haed coach: YES _____ NO _____ | | | |
| Parent is willing to be an assistant coach: YES _____ NO _____ | | | |
| Someone else who might be interested in coaching: NAME _____ PHONE _____ | | | |
| SPECIAL CONCERNS | | | |
| Please tell us about any special concerns or situations we should know about: | | | |
| | | | |
| | | | |
| DISCLAIMER AND SIGNATURE | | | |
| We, the athlete and parent, understand that participation in athletics involves the possibility of serious injury. In consideration of the benefits from and because participation in the St. Joan of Arc sports program is voluntary, the undersigned parent/guardian of the student listed hereby waive, release, and discharge the players, coaches, assistants, St. Joan of Arc Athletic Board, St. Joan of Arc School/Parish, and it's representatives, for all claims for or on account of any personal injury or damage to the said player of any kind arising in connection with said activity. | | | |
| Parent Signature: | | DATE: | |