

## St. Lawrence Sports Registration Form

<b>Please Circle Appropriate Sport</b>				
<b>Baseball</b>	<b>Basketball</b>	<b>Softball</b>	<b>Soccer</b>	<b>Volleyball</b>

Child's Name: \_\_\_\_\_ M/F (Circle One) Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

<p><b>Shirt size (Circle One)</b>          Youth: S (6-8) M (10-12) L (14-16)          Adult: S M L XL</p>	<p><b>Shorts size (Circle One)</b>          Youth: S (6-8) M (10-12) L (14-16)          Adult: S M L XL</p>
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**Registration Fees** \$45.00 per Child or \$85.00 Maximum per family (2 or more players with A.A. fees)

**CONSENT FOR EMERGENCY MEDICAL TREATMENT AND HOLD HARMLESS AGREEMENT**

The parents/legal guardian of \_\_\_\_\_, give permission for emergency medical treatment of this child for illness or accident if we cannot be first contacted.

Emergency Phone Number of Parent/Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Other Than of Parent/Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Does your child have any allergies or require special medication:      NO/YES  
 Explain (use back if needed): \_\_\_\_\_

My child has my permission to participate in the sports program sponsored by the St. Lawrence Athletic Association. I understand this includes, but is not limited to practices, home and away games, tournaments, and banquets. I hereby agree that the Archdiocese of Cincinnati, St. Lawrence Church, St. Lawrence Athletic Association, their members, volunteers, coaches, or officers shall not be held liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of the St. Lawrence Athletic Association during the sports season. We further agree to indemnify and hold harmless – the Archdiocese of Cincinnati, St. Lawrence Church, St. Lawrence Athletic Association, their members, volunteers, coaches, offers or designees of any kind from claim whatsoever. We also agree that the Knothole District 14, Girls Western Athletic Conference, Boys Western Athletic Conference, Soccer Association for Youth, their members, volunteers, coaches, officers or designees shall not be held liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of said league during the sports season. We further agree to indemnify and hold harmless their members, volunteers, coaches, officers or designees of any kind from claim whatsoever.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed name (print clearly): \_\_\_\_\_

<b>DO NOT WRITE BELOW (ATHLETIC ASSOCIATION PURPOSES ONLY)</b>	
Playing age as of: / / _____	Division: _____
Fee paid: \$ _____ Cash or Check (Check # _____)	
Rec'd by (print name): _____	Date: _____
Team assigned: _____	Coach: _____