



## Field Hockey Registration Form

### Please Print Clearly

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's cell: \_\_\_\_\_

**Registration Fee: \$40.00 This MUST be paid prior to participation.**  
Make checks payable to: **St. John Paul II R.S.** Indicate Athletics in memo.

Amount Enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_

T-shirt size: YS\_\_\_\_ YM\_\_\_\_ YL\_\_\_\_ YXL\_\_\_\_ AS\_\_\_\_ AM\_\_\_\_ AL\_\_\_\_ AXL\_\_\_\_

### Insurance Information – You MUST selection one of the options below:

Insurance compliance is a mandate of the Diocese.

\_\_\_\_\_ I have reviewed my automobile policy and find that I am covered for a minimum of \$100,000/\$300,000 in liability. This enables me to participate in any team car pool to and from an athletic event.

\_\_\_\_\_ I do not wish to participate in any car pooling to and from any athletic event.

Your signature gives your child permission to participate in these activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ \

**\*\*This must be accompanied by Medical Forms \*\***  
**All Forms are available online [www.jp2rs.org](http://www.jp2rs.org)**

*Completed forms must be sent to "Athletics," Main Office.*