



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: \$65.00 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

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

Contact SJPII Athletics at athletics@jp2rs.org with questions.