

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: $90.00 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 poll to and from an athletic event.

 I do not wish to participate in any carpooling 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.*

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