

St. Leo Athletic Association Track and Field Registration Form – for students in grades 5 - 8

PARTICIPANT'S NAME _____ GRADE _____

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____ ZIP _____

PHONE _____ E-MAIL _____ SCHOOL _____

PHONE _____ CELL PHONE _____

T-Shirt Size: Youth M L Adult S M L XL
Fee - \$5.00

MEDICAL INFORMATION

FAMILY DOCTOR _____ PHONE _____

PHYSICAL LIMITATIONS _____

ALLERGIES _____ MEDICATIONS _____

MEDICAL INSURANCE WITH FAMILY YES _____ NO _____

EMERGENCY CONTACT _____ PHONE _____

PREFERRED HOSPITAL _____

PARENTAL CONSENT

_____ has my permission to participate in the St Leo Track and Field program including the Knights of Columbus Track Meet. For your acceptance of my enrollment, I, the participant, and we, the parents individually and collectively, intending to be legally bound, hereby for ourselves and our heirs, executors and administrators, wave and release the St Leo Athletic Association, their agents and representatives, from any and all claims or rights to damages for injuries or losses suffered by me, the participant, directly or indirectly, in training for, or traveling to or from, or competing in or while attending any future athletic association functions. I acknowledge the registration does not include primary medical insurance coverage. I consent to medical treatment for my child in an emergency.

PARENT SIGNATURE _____ DATE _____