

ST. JOHN THE BAPTIST SCHOOL
2020-2021
ATHLETIC REGISTRATION FORM

Please indicate whether your child(ren) will be participating in any of our Athletic Programs during the 2020-2021 school year. **Please return this form by March 1. There will be a \$10.00 fee per athlete, per sport for forms returned after March 1.**

Family Name: _____

Phone Number _____

E-mail address _____

Student Name	Grade	Participating in (check all that apply)	T-Shirt Size
		<input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Cross Country <input type="checkbox"/> Track	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
		<input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Cross Country <input type="checkbox"/> Track	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
		<input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Cross Country <input type="checkbox"/> Track	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL

Sport	Fee	# Participating	Total Fee
Volleyball	\$85.00		
Cross Country	\$25.00		
Soccer	\$85.00		
Basketball	\$85.00		
Track	\$30.00		
Total Fees			

FEEES WILL BE ADDED TO YOUR 2020-2021 TUITION STATEMENT

_____ (child's/children's name/s) has/have my permission to participate in the athletic program at St. John the Baptist School for the 2020-2021 school year. I hereby release and indemnify St. John the Baptist School, parish, staff, volunteers and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the athletic program.

Emergency Medical Authorization:

In the event you and your child's physician cannot be reached in an emergency, and if in the judgment of school authorities, immediate medical, dental and/or hospital attention is indicated do you authorize responsible school authorities to send your child (properly accompanied) to an available physician, dentist or hospital? _____ (initial)

Name of child's physician: _____ Phone: _____

Does your child have any allergies, physical handicaps, or take any special medication? ____ (yes/no). If yes, what kind: _____

Parental Signature

Date