

ST. MARGARET MARY ATHLETIC ASSOCIATION
2017

TRACK & FIELD REGISTRATION FORM
3rd – 8th grade boy's & girl's ONLY

Registration Fees are as follows:

First Child - \$50.00

Additional Children - \$25.00 per child

***3rd graders - no field events / ALL TRACK EVENTS**
****Practice will begin the week of March 6th or 13th – M,W,TH**
at Susquehanna Twp. HS
*****Use a separate registration form for each child.**

NAME _____ PHONE _____

ADDRESS _____ ZIPCODE _____

GRADE/CLASS _____ SEX _____

DATE OF BIRTH _____ AGE _____

PARISH _____ SCHOOL _____

PARENT(S)/GUARDIAN(S) _____

HOME# _____ WORK# _____ CELL# _____

e-MAIL
(PARENT) _____

EMERGENCY
CONTACT _____ PHONE _____

FAMILY
PHYSICIAN _____ PHONE _____

HEALTH
PROBLEMS/ALLERGIES _____

INSURANCE
CARRIER _____

GROUP# _____ ID# _____

SUBSCRIBER _____

Uniform Information: Circle Size:

T-Shirt Size: YS YM YL YXL AS AM AL AXL AXXL

I understand that participation in athletic competition is always accompanied by the risk of injury. I also understand that while St. Margaret Mary Athletic Association will do everything reasonable to prevent injuries, there is still a possibility of a player incurring an injury. Furthermore, I, _____, agree to hold St. Margaret Mary Athletic Association, St. Margaret Mary School and supporting parishes, and all coaches and volunteers involved, harmless and without liability.

I also acknowledge that I **DO / DO NOT** have medical insurance covering _____ and will hold St. Margaret Mary Athletic Association, St. Margaret Mary School and supporting parishes, and all coaches and volunteers involved, harmless and without liability for any medical expenses or treatment under any circumstance.

SIGNATURE _____

DATE _____

RELATIONSHIP _____

Your child will NOT be allowed to participate unless payment and forms are received before the first practice.

Return Check Policy

The person will be responsible for paying appropriate bank fee's to the association and will only be allowed to pay by cash or money order.

If you attend a Catholic school other than SMMS (principal signature)

Principal Signature - _____

If you attend a non-Catholic school (pastor signature)

Pastor Signature - _____

I would like to help coach:

Name: _____

Telephone Number: _____

e-mail address: _____

****All coaches MUST meet all Diocese Youth Protection Requirements.**

**REGISTRATION DEADLINE IS
MARCH 3rd, 2017**

**PLEASE SEND REGISTRATION FORM AND PAYMENT VIA THE
SCHOOL OFFICE:**

**ATTN: Liz Goodhart c/o Mary Goodhart - 6² grade
Please make checks payable to St. MM Athletic Association**