

ST. MARGARET MARY ATHLETIC ASSOCIATION  
2019

TRACK & FIELD REGISTRATION FORM  
**3<sup>rd</sup> – 8<sup>th</sup> grade boy's & girl's ONLY**

Registration Fees are as follows:

**REGISTRATION DEADLINE IS MARCH 1<sup>st</sup>, 2019**

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 11 or 18 – 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 1<sup>st</sup>, 2019**

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

**ATTN: Liz Goodhart c/o Mary Goodhart - 8<sup>th</sup> grade  
Please make checks payable to St. MM Athletic Association**