

ST. BERNARD RECREATION – SPORTS REGISTRATION

Mark (x) only one activity per Registration Form:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> KNOTHOLE BASEBALL | <input type="checkbox"/> SWIM LESSON |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> BABY SWIM |
| <input type="checkbox"/> SOCCER | <input type="checkbox"/> SWIM TEAM |
| <input type="checkbox"/> LOLLIPOP SOCCER | <input type="checkbox"/> T-BALL |

NAME OF CHILD: _____

GRADE (2016-2017): _____ BIRTHDATE: _____

ADDRESS: (include zip): _____

E-Mail _____

HOME PHONE#: _____ CELL#: _____

PARENT'S NAMES: _____

Size (Mark One) YS YM YL AS AM AL AXL AXXL

CONSENT: We give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted. Additionally, we hereby agree that St. Bernard, its employees or coaches shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of the Recreation Department and we agree to indemnify and hold harmless St. Bernard, its employees, coached or designates of any kind from any claim whatsoever.

Please list any medical condition(s) that may affect your child's participation:

Parent/Guardian Signature: _____

PAID DATE: _____ AMOUNT: _____ INITIALS: _____