

SAINT LEONARD - ATHLETICS

REGISTRATION FORM

Fall Winter Spring

Student Name: _____

Sport: _____

Birth Date: _____

Grade: _____

Address: _____

School / Parish: _____

Address: _____

Email: _____

Parent Name(s): _____

Phone: _____

MEDICAL INFORMATION / AUTHORIZATION

Insurance Carrier: _____

ID #: _____

Subscriber's Name: _____

Group #: _____

Please list any special needs or medical information pertaining to your child in the line below:

Signature (type or print and sign): _____

Date: _____

****\$40.00 Sports Fee due with form****

\$10 late fee if turned in after registration close

Shirt Size:

Youth

Adult

Small

Small

Medium

Medium

Large

Large

For administration use only:

Date Received:

Check Number:

Jersey Number: