



# Registration Form, St. Florian School Athletics

\_\_\_\_\_ (M/F) Birthdate: \_\_\_/\_\_\_/\_\_\_  
 First Name Last Name gender  
 Grade: \_\_\_\_\_ Sport: Basketball Volleyball \_\_\_\_\_ \_\_\_\_\_  
 Child Attends: School RE

Registration Date: \_\_\_/\_\_\_/\_\_\_ Paid with Check # \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Child Lives with: Both Mother Father

**Father's Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Ph:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Work Ph:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Ph:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Work Ph:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-Mail** \_\_\_\_\_

## Medical Information Form, St. Florian School Athletics

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferred Hospital for Emergency Treatment: \_\_\_\_\_

Name and Number of the Athlete's Health Insurance Coverage:

Health provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ (if applicable)

Member ID: \_\_\_\_\_ (if applicable)

Health Provider Emergency Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please list any medical history that you feel would be pertinent to the athlete's participation in Saint Florian School Athletics. Examples are: asthma, diabetes, allergies, heart problems, etc:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_