



**QUEEN OF ANGELS CATHOLIC SCHOOL
JUMP - START REGISTRATION FORM 2011**

STUDENT'S NAME _____ AGE _____

GRADE _____ DATE OF BIRTH (MM/DD/YY) _____

PARENT'S NAME _____

PRIMARY PHONE # _____

E-MAIL ADDRESS _____

UNIFORM SIZE: SHIRT _____ SHORTS _____

(Parent): Are there any physical or other restrictive limitations which the team, league and diocese should be aware of which might restrict the athlete's participation in the program? Yes _____ No _____

If yes, specify: _____

INTERESTED IN COACHING? Yes _____ No _____

Registration fee paid _____ cash or check# _____

PARENT WAIVER AND CONSENT

My daughter/son has my permission to participate in competitive sports in the **Diocese of Pittsburgh Youth Ministry Athletic Programs with Queen of Angels**. I do hereby release and forever discharge the above mentioned team, and/or school/athletic association or their successors from any/all actions or suits in law or equity which I hereafter have by reasons of injuries sustained by my child participating in sports or in transit to or from participation in sports. I also understand that it is my responsibility to determine my child's physical and mental readiness to participate in the Diocese of Pittsburgh Youth Ministry Athletic Program for this season. I further certify that my child has had a physical during the past 12 months, administered by a licensed physician, and under no circumstances does my child have a medical condition(s) that would prohibit him/her from participating in the sport of basketball.

PARENT/GUARDIAN:

PRINT NAME: _____ DATE: _____

SIGNATURE: _____