

Holy Family Parish Athletics Department
Hold Harmless Agreement, Team Rules & Consequences, Registration and Signatures
page 3 of 3 – Registration and Signatures

PLEASE PRINT

Student Name: _____ Home Phone: _____
(last) (first)

Address: _____ Birth Date: _____

City: _____ Zip: _____ Grade: _____

Parent Name(s) _____ Other Phone: _____

Address: _____
(if different than student's)

E-mail Address _____

Would you be willing to assist? Coaching: _____ Parent Committee: _____

I consent to my child's participation in athletics at Holy Family in:
(circle all sports you will be involved in this school year)

Baseball / Softball / Basketball / Wrestling / Football / Volleyball / Cheerleading / Track

I have received a copy of, read, understand and agree to the Holy Family Athletics Department Hold Harmless Agreement, Team Rules & Consequences.

Date: _____

Signature: Parent / Guardian _____ Other Parent / Guardian _____

Signature: Student _____

**MUST BE COMPLETED, SIGNED AND RETURNED TO HOLY FAMILY ATHLETICS AS
DIRECTED PRIOR TO PAYMENT OF FEES AND ISSUE OF UNIFORMS AND
EQUIPMENT.**