

St. Rene School/ Satellite School/ CCD Athletic Registration Form

Student Information

Student's Name _____
First Middle Last

Street Address _____
City Zip Code

Home Phone #: _____ Birthdate: _____
/ /
Month / Day / Year

Name of Student's School _____ Grade _____

Parent/Legal Guardians Information

Mother's Name: _____ Father's Name: _____

Mother's Work# _____ Father's Work# _____

Mother's Cell# _____ Father's Cell# _____

Mother's e-mail _____ Father's e-mail _____

Child Lives with Both Mother Father
(Please circle the one that applies)

Emergency Contact Information

(Name and Relationship to Child) (Phone Numbers)

(Name and Relationship to Child) (Phone Numbers)

Including those above:

Please list the names of individuals who may pick your child up from our practices/games:

Name: _____ Name: _____

Name: _____ Name: _____

Is anyone not allowed to pick up your child? Yes ___ No ___ Name: _____

Insurance and Physical/Medication Information

Does your child have insurance coverage: YES ___ NO ___

Policy Name/Number _____

Physician Name _____ Phone Number _____

Does your Child Take Medication: Yes ___ NO ___
(If yes please list)

Does your child have a physical condition: Yes ___ No ___

If yes please explain: _____

Parents of Non St. Rene Students PLEASE READ CAREFULLY

(St. Rene Students completed Website/Promotional consent with St Rene School registration)

I hereby give permission for the school to use information/photos of my child on the St. Rene website or other promotional events.

 Child's Name

 Date

 Signature