

# HOLY NAME OF JESUS TRACK AND FIELD REGISTRATION

FORM MAY BE RETURNED TO HNJ SCHOOL OFFICE

PROGRAM COORDINATORS: Peter and Donna Jones (533-0433)

**FEE: \$42.00**—FAMILY DISCOUNT: \$42.00 FOR 1<sup>ST</sup> CHILD, \$35.00 FOR EACH ADDITIONAL CHILD

*ELIGIBILITY: The athlete must be attending Holy Name of Jesus School or if in public school, must be enrolled in or have completed the Holy Name of Jesus CCD Program.*

*(FOR BOYS AND GIRLS, THIRD THROUGH EIGHTH GRADES ONLY)*

If this is your first year participating in the HNJ Track and Field Program, please check here \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ ROOM # \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ BOY OR GIRL (CIRCLE ONE)

PROVIDE SCHOOL NAME (if other than HNJ): \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_  
(Last name) (Mother) (Father)

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

STUDENTS EMAIL ADDRESS: \_\_\_\_\_

PARENT'S EMAIL ADDRESS FOR IMPORTANT UPDATES: \_\_\_\_\_

Please provide the email for important last minute updates.

## MEDICAL RELEASE STATEMENT

I understand that Holy Name School, Coaching Staff, or Associated Personnel cannot be held responsible for any injuries sustained by me child during practices and/or track and field meets. I hereby release, discharge, and/or indemnify Holy Name of Jesus and /or Holy Name of Jesus Track and Field Program, its affiliated organizations and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. In the event my child needs emergency medical attention and I (parents or guardian) can not be reached, I understand my child will be taken to the nearest emergency medical facility available.

I have read and fully understand the Rules and Regulations of the Release Statement for Holy Name of Jesus Track and Field Program.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MEDICAL PROBLEMS/LIMITATIONS THAT COACHES SHOULD BE AWARE OF:

\_\_\_\_\_

## PARENTS MEETING:

A MEETING FOR PARENTS OF ALL ATHELETES TO THE PROGRAM Date and time: SUN, 3/14/10@ 5pm Social Hall

1<sup>ST</sup> PRACTICE IS SCHEDULED FOR MONDAY, MARCH 15, 2010 AT Central Dauphin High School Track  
(Linglestown Rd and Picketown Rd) From 5:30-7:00PM. (WEATHER AND TRACK CONDITIONS PERMITTING)

SHIRT SIZE: PLEASE CIRCLE ONE: AS AM AL AXL

Please make check payable to "Holy Name of Jesus"

HNJ Track and Field Program Only:

Paid: CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ OWES \_\_\_\_\_ FAMILY DISCOUNT \_\_\_\_\_  
(attach family members forms together)