2018-2019 NDAA ATHLETIC REGISTRATION – Grades 5 - 8

Please print CLEARLY **2018-19 Athletic Fee is $75. Please see note below regarding payment options.**

Athlete's Name _____

Parents/Guardian _____

Email _____

Can the coaches communicate with you via email? (schedule changes, cancellations, etc.) Yes ____ No ____

Is it OK to share your contact information with event chair people? Yes _____ No_____

Phone (home) _____ Mom's Cell(s) _____ Dad's Cell (s) _____

Please check the appropriate lines below. Please choose the grade entering for the 2017-18 school year.

___ Boy
___ Girl

___ St. Peter
___ Holy Ghost
___ Notre Dame

___ 8th Grade
___ 7th Grade
___ 6th Grade
___ 5th Grade

___ Volleyball (5th, 6th, 7th, 8th girls) ***Fall Season***
___ Football (7th, 8th boys) ***Fall Season***
___ Cross Country (5th, 6th 7th, 8th girls & boys) ***Fall Season***
___ Basketball (5th, 6th, 7th, 8th girls & boys) ***Winter Season***
___ Track (6th, 7th, 8th girls & boys) ***Spring Season***

Emergency Contact 1 _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Emergency Contact 2 _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Insurance company _____ Policy # _____

Parent Employer (for insurance) _____

Physicians Name _____Phone _____

Dentists Name _____Phone _____

Are you allergic to any drugs? _____ If so what _____

Do you have any other allergies/ (i.e. bee sting, Dust ....) _____

Do you suffer from Asthma _____ Diabetes _____ Epilepsy _____

Are you on any medication _____ If so what? _____

Ever had a head injury? _____ If yes, when _____ Lose Consciousness? _____

Do you wear contacts? _____

Other medical issues _____

I authorize school personnel to transport my son daughter to a physician's office and/or emergency room for treatment in the event medical care is needed while he/she is involved in either co-curricular or extra-curricular activities. Further I authorize the Physician and Hospital staff to treat my son/ daughter, as they deem necessary in an emergency situation. This authorization is granted should I be unable to be reached, and a reasonable effort has been made to do so.

PARENT/ GUARDIAN SIGNATURE _____ Date _____

2018-19 ND Athletic Fee is $75 per athlete for the year.

Registration payments will be accepted AFTER July 1, 2017.

You may also pay during Welcome Back Week.