



OUR LADY OF HOPE
ATHLETIC ASSOCIATION
SPORTS REGISTRATION FORM



PARTICIPANT'S INFORMATION

SPORT: _____

PARTICIPANT'S LAST NAME: _____

PARTICIPANT'S FIRST NAME: _____

PARTICIPANT'S DATE OF BIRTH: _____

PARTICIPANT'S GENDER: _____

PARTICIPANT'S GRADE: _____

PARTICIPANT'S PREVIOUS EXPERIENCE: _____

PARENT/GUARDIAN'S INFORMATION

PARENT'S NAME: _____

STREET ADDRESS: _____

CITY, STATE ZIP CODE: _____

HOME TEL NUMBER: _____

PARENT'S CELL PHONE: _____

PARENT'S EMAIL ADDRESS: _____

PARENTAL PARTICIPATION: Coach Asst Coach Team Mom

PARISH: _____

RELIGION: _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT'S TEL NUMBER: _____