

# OUR LADY OF THE ASSUMPTION SCHOOL

2016-2017 Registration Form

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## Spring Track

Name \_\_\_\_\_ Grade/Room \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Parent email: \_\_\_\_\_ Parent email: \_\_\_\_\_

Parent Mobile #: \_\_\_\_\_ Parent Mobile #: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tel #: \_\_\_\_\_  
(if parent not available)

Medical Concerns \_\_\_\_\_

Allergies \_\_\_\_\_

I have read and submitted a signed copy of the OLA Athletic Contract.

Player Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

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A copy of a current physical (within one year) to be included with this registration form.

I agree to pay the fee of \$50.00 per athlete through SMART Tuition

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

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### Athletic Department Use Only:

Athletic Contract:

Physical Received:

Other: \_\_\_\_\_