

**ST. JOSEPH ATHLETIC ASSOCIATION
Player Registration Form**

www.sjaa.us

Player's name _____ Sex ___ DOB _____

Grade _____ School _____ CYO # _____

Uniform Size (circle one) YS YM YL AS AM AL AXL

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Registration amt paid _____ Ck# _____ Uniform Deposit amt _____ Ck# _____

I give my permission for my child to participate in the St. Joseph Athletic Programs. I will not hold members of the St. Joseph Athletic Association, managers, assistant managers, or officials responsible for accidental injuries that may occur from participation in this program. The above information may be provided to SJAA coaches, SJAA administrators, and the St. Joe Youth Minister.

Parent/guardian signature _____ Date _____

EMAIL _____

Address _____ Zip _____

Phone _____ Emergency Phone _____

PLEASE VOLUNTEER

Name of Volunteer _____ Phone _____

Coach ___ Assistant Coach ___ Team parent ___ Other ___ Stand Certified YES ___ NO ___

Comments/requests: