

**ST. JOSEPH ATHLETIC ASSOCIATION**  
**Player Registration Form**  
[www.sjaa.us](http://www.sjaa.us)

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Player's name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

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

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Registration amt paid \_\_\_\_\_ 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: