



**NORTH BAY CATHOLIC SCHOOL LEAGUE  
2010 Track & Field Day Event  
Sunday, May 16  
Justin Siena High School, Napa**

**STUDENT PARTICIPANT REGISTRATION FORM**

**Participant Fee: \$ 24 per child**

This includes 1 athlete team shirt, 1 adult team shirt and participant fee. If an additional parent volunteer shirt is needed, please include an additional \$9.00.

Please list name(s) of each child participating in family and all adults needing a shirt.

**Make checks payable to: St. John the Baptist Catholic School (Note: Track & Field Day)**

**PLEASE PRINT AND CIRCLE THE CORRECT SHIRT SIZE FOR EACH STUDENT & ADULT VOLUNTEER**

<b>First &amp; Last Name</b> _____ <b>Shirt size:</b> YS (4-6) / YM (8-10) / YL (10-12) / AS / AM / AL / AXL	M / F GRADE: ____
<b>First &amp; Last Name</b> _____ <b>Shirt size:</b> YS (4-6) / YM (8-10) / YL (10-12) / AS / AM / AL / AXL	M / F GRADE: ____ or ____ Adult Volunteer
<b>First &amp; Last Name</b> _____ <b>Shirt size:</b> YS (4-6) / YM (8-10) / YL (10-12) / AS / AM / AL / AXL	M / F GRADE: ____ or ____ Adult Volunteer
<b>First &amp; Last Name</b> _____ <b>Shirt size:</b> YS (4-6) / YM (8-10) / YL (10-12) / AS / AM / AL / AXL	M / F GRADE: ____ or ____ Adult Volunteer

**PARENTS PLEASE READ, SIGN & FILL IN ALL INFORMATION – THANK YOU!**

I, we hereby authorize the volunteer staff of the NB CSL after school athletic program and it's representatives to consent to any emergency medical treatment which may be deemed necessary for my child while under their supervision. I have no knowledge of any physical impairment that would affect the above mentioned participation in any rigorous physical activity. I understand it is my responsibility to notify the school athletic director & coach of any medical condition which may affect my child.

**PARENT / GUARDIAN NAME: Please print** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Parents Address:** \_\_\_\_\_ **CITY** \_\_\_\_\_

**CONTACT INFO:**

**MOM CELL** \_\_\_\_\_ **DAD CELL** \_\_\_\_\_ **HOME #** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**OTHER CONTACT: NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_