



# ST. THOMAS AQUINAS SPORTS

## STA SPORTS REGISTRATION

### DATE OF REGISTRATION

 /  / 

### PLAYER INFORMATION

Full Name :

Current Grade

Date of Birth :  /  /

Current School

Please circle sport: Basketball Soccer Both

Also interested in:

In-House  
Basketball  
League

1 on 1 training

Summer  
basketball

### PARENT INFO

CLINIC FEE PAID  YES

Parent/ Guardian Name

Parent Cell #:

Parent Email:

**MEDIA RELEASE:** I authorize ST. THOMAS SPORTS to use the name/image of the child named above in its public relations and communication materials created. I understand that the photograph(s) may be used in a publication, print advertisement, direct-mail piece, electronic media (e.g., video, internet, World Wide Web, Social Media, etc.) or other form of communication.

YES

NO

**ACCIDENT WAIVER AND RELEASE OF LIABILITY:** I certify that my child is physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude their participation in STA SPORTS events. I acknowledge that this Accident Waiver & Release of Liability Form will be used by the organizers of STA SPORTS events in which I may participate and that it will govern my actions and responsibilities at said Events. \*

YES

NO

**ACKNOWLEDGEMENT OF NO REFUND POLICY:** I acknowledge that I am paying in full, to participate in STA SPORTS. I fully understand that If I am unable to attend sessions, there will be no refund issued.

YES

NO

**SIGNATURE:**

**DATE:**