

Mail to: Kareen Baird
1923 Autumndale Cove
Cordova, TN 38016

****Checks Payable to St. Francis \$ 50.00**
A Physical is required to participate for 5th – 8th grade
The medical form is available through the office of the Athletic Director

ST. FRANCIS SPORTS APPLICATION

Are you a St. Francis Parishioner? YES NO
Are you enrolled in Parish Religious Ed (PRE)? YES NO

SPORT: _____.

PLAYER'S NAME: _____ WEIGHT (for football) _____

SCHOOL: _____ EXPERIENCE LEVEL: _____
(beg, mod, exp)

SEX: male / female DATE OF BIRTH: _____ AGE: _____

GRADE: _____ SIZE: **SHORTS:** YS YM YL YXL **JERSEY:** YS YM YL YXL
(09 – 10 School Year) or **PANTS** AS AM AL AXL AS AM AL AXL please circle
size needed

PARENT'S NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: HOME: _____ WORK: _____
CELL: _____

ANY MEDICAL CONDITIONS WE SHOULD KNOW ABOUT? _____

METHOD OF PAYMENT : CASH _____ CHECK # _____
payable to: **St. Francis**

OUR PROGRAMS RELY ON VOLUNTEERS - WILL YOU HELP?

_____ COACH _____ SCOREKEEPER/CLOCK _____ TEAM PARENT
_____ ASST. COACH _____ MAKE PHONE CALLS

My son/daughter, _____ desires to play on the _____ team
(participant's name) (sport)

which is sponsored by St. Francis Sports. I understand the participation in _____ carries
(sport)

with it the inherent risk of injury, therefore, I hereby release St. Francis Sports, St. Francis Church, St. Francis of Assisi
Catholic School, St. Benedict at Auburndale, and any coaches and volunteers that help with the team, from any liability
for any injury which _____ might experience while playing on the team.
(participant's name)

(Parent/Guardian signature)

(Date)