

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

**\*\*Checks Payable to St. Francis \$ 50.00**  
**A Physical is required to participate for 5<sup>th</sup> – 8<sup>th</sup> 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: \_\_\_\_\_

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  
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)