

2015-2016 St. Mary's Dominican High School Deb Try-Out Registration Form

Please bring on the day of tryouts with \$10 and a photocopy of your medical insurance card.

Participant's Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Grade Level: _____ DOB: _____ School: _____

Parent's Name: _____

Phone Numbers (H): _____ (C): _____

Emergency Contact

Name: _____ Phone: _____

Liability & Release:

I request that Dominican allow (Participant's first & last name): _____ to participate in the 2015-2016 Deb Try Outs during the week of March 16 – March 20, 2015. I release Dominican High School, the club moderators, and/or chaperones approved by the Administration from liability in any manner. In case of emergency, I give my permission for the club moderators/chaperones to seek medical care as needed for my daughter if I cannot be contacted. Additionally, I authorize the use of my daughter's photos for the purposes of publicity and marketing materials & on the St. Mary's Dominican High School website.

Parent/Guardian Signature (required): _____

***Please photocopy insurance cards & send with registration for emergency purposes.**

Please list any allergies or medical conditions:

