

## **2018-2019 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 2018-2019 Deb Try Outs during the week of February 26 – March 2, 2018.  
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): \_\_\_\_\_

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

Please list any allergies or medical conditions:

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