Domini-Deb Day
Walk-Up Registration Form

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Elementary School: _____

Grade Level: _____ Date of Birth (MM/DD/YYYY): _____

T-Shirt Size (Please circle one): YS YM YL AS AM AL

Parent/Guardian's Name: _____
Phone Numbers: (Home): _____ (Cell): _____
E-mail Address: _____

Emergency Contact Name: _____ Phone: _____

Liability and Release:
I request that Dominican allow _____ (Participant's first and last name)to participate in the 2025 Domini-Deb Day (November 5 and November 7). I release St. Mary's Dominican High School, the club moderators, coaches, and/or chaperones approved by the Administration from liability in any manner. In case of emergency, I give my permission for the club moderators, coaches, and/or chaperones to seek medical care as needed for my daughter if I can not be contacted. Additionally, I authorize the use of my daughter's photos for the purpose of publicity and marketing materials and on the St. Mary's Dominican High School web-site.

Parent/Guardian Signature (required): _____

***Please photocopy insurance card.**

Please list any allergies or medical conditions: _____

REGISTRATION FEE: $40