



VERITAS ACADEMY SPORTS REGISTRATION FORM

Student Information

Name	Grade	Sports Team	Year
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Emergency Contact Information

Name	Phone (Home and Cell)	E-Mail Address	Relationship
Name	Phone (Home and Cell)	E-Mail Address	Relationship

Insurance Information

Insurance Provider	Group Number	Policy Number
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PIAA Medical Form

<input type="checkbox"/> Attached	<input type="checkbox"/> Currently On File At Veritas Academy Office
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Waiver

I acknowledge that I have voluntarily applied for my child to participate in the activities involved in Veritas Academy's Sports Program.

I or my child is voluntarily participating in these activities with knowledge of the potential danger involved, and agree to assume any and all risks of bodily injury, death, or property damage, whether those risks are known or unknown. I release Veritas Academy and its employees from any and all actions, claims, or demands that I, my family, or my representatives have now or may have in the future related to my or my child's participation in these activities, or his or her negligence in any action during this season.

Parent Signature	Date	
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For Office Use Only

Payment Method:	Manager Approval:	Recorded:	PIAA Form:
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