

**ST. TERESA OF AVILA
Athletic Association
REGISTRATION FORM**

NAME(s) # 1 _____

2 _____

ADDRESS _____

HOME PHONE NUMBER _____

EMAIL ADDRESS _____

EMERGENCY PHONE NUMBER _____

EMERGENCY CONTACT NAME _____

GRADE(s) #1 _____ ROOM _____

2 _____ ROOM _____

REGISTRATION FEE

Make checks payable to St. Teresa Athletic Association

AMOUNT PAID WITH THIS FORM: _____ CHECK # _____

MEDICAL INFORMATION

MEDICAL HISTORY: (Diabetes, Epilepsy, Asthma, etc.)

ALLERGIES: (Bee/Wasp stings, Candy, Food, Medication, etc.)

MEDICATIONS CURRENTLY BEING TAKEN:

Please return the completed form, along with the registration fee.