



OUR LADY STAR OF THE SEA SCHOOL

Educating the Mind. Empowering the Heart.

All Sports Registration Form

Check Sport: ___ Volleyball ___ Soccer ___ Basketball ___ Track ___ Intramurals

Please Print Clearly

Student's Name: _____ Grade: _____

Gender: Male _____ Female _____

Birth Date: _____

Address: _____

Parent's Email: _____

Home Phone: _____

Mother's Name: _____ Mother's Cell: _____

Father's Name: _____ Father Cell: _____

Uniform/T-shirt Size: YS ___ YM ___ YL ___ YXL ___ AS ___ AM ___ AL ___ AXL ___

Insurance Information – You MUST selection one of the options below:

Insurance compliance is a mandate of the Diocese.

_____ I have reviewed my automobile policy and find that I am covered for a minimum of \$100,000/\$300,000 in liability. This enables me to participate in any team car pool to and from an athletic event.

_____ I do not wish to participate in any car-pooling to and from any athletic event.

Your signature gives your child permission to participate in these activities.

Parent/Guardian Signature: _____ Date: _____ \

****This must be accompanied by all other required medical forms before your child can participate. Send all forms into school attention: Athletics.**

For questions, please contact Gerardo Marin, Athletic Coordinator at marin.gerardo@olssac.org.

15 N. California Avenue
Atlantic City, NJ 08401
609-345-0648 (Phone) 609-344-6735 (Fax)
www.olssac.org