



VERITAS ACADEMY SPORTS REGISTRATION FORM

Student Information			
Name	Grade	Sports Team	Year

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

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

Waiver	
<p>I acknowledge that I have voluntarily applied for my child to participate in the activities involved in Veritas Academy's Sports Program.</p> <p>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.</p>	
Parent Signature	Date

For Office Use Only			
Payment Method:	Manager Approval:	Recorded:	PIAA Form: