

Parent/Guardian Signature

PARTICIPANT INFORMAT	TION	
First Name:	Last Nan	ne:
Birth Date:		
Address:		
City:	State:	ZIP
Email:	Cell Pho	ne:
Team Name:		
Emergency Contact:		Phone:
Contact Relation:		
Age Division of Athlete:		
	O Petites (8-9)	O Pints (10-11)
O Juniors (12-13)	Junior Varsity (14-18)	O Varsity (14-18)
_	ns all of the following: Id to participate in the Family Is Somet	hing To Cheer About! Showcase. I
I am willingly allowing my chil understand that even with st Adoption Connection, PA, No property damage, or theft tha	ld to participate in the Family Is Somet andard safety measures, injury and ha	rm to participants is possible. I will not hold eir showcase affiliates liable for any injuries
I am willingly allowing my chil understand that even with st Adoption Connection, PA, No property damage, or theft tha inappropriate conduct may re	ld to participate in the Family Is Somet andard safety measures, injury and ha orth Catholic High School, or any of the at may occur throughout the duration	rm to participants is possible. I will not hold eir showcase affiliates liable for any injuries
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Date