



Youth Ministry Athletics

ATHLETICS REGISTRATION FORM

Participant Name	Date of Birth	Grade
OLPH Homeroom Teacher	OLPH Parishioner? () Yes () No	() Girl () Boy
If you are not an OLPH student or parishioner, please provide the name of the school / church you are affiliated with:	Phone Number - #1	Phone Number - #2
Please provide email address. The Athletic Committee and coaches would like to use it to communicate practices, games and updates.		
Please Check the sports you would like to register for: <input type="checkbox"/> Girls Volleyball 5 th -8 th <input type="checkbox"/> Girls Cheerleading 5 th -8 th <input type="checkbox"/> Girls Basketball 5 th -8 th <input type="checkbox"/> Boys Basketball 5 th -8 th <input type="checkbox"/> Girls Basketball 3 rd -4 th <input type="checkbox"/> Boys Basketball 3 rd -4 th <input type="checkbox"/> Girls Cheerleading 3 rd -4 th <input type="checkbox"/> Track 4 th -8 th <input type="checkbox"/> Golf 6 th -8 th <input type="checkbox"/> Soccer		
<p align="center">OLPH and New Albany Deanery schedules, forms and information can be found on these website: http://www.olphna.org/school/athletics.php & http://www.nadyouth.org/athletics/deanery.html#</p>		

The Athletic Committee requests that you complete this form. All participants must submit annually a Deanery Medical Release & Physician's Form before they can begin any practices. All participants are required to pay an annual OLPH Athletic Dues of \$40 single and \$60 family. You may contact the Athletic Committee to check on the status of your registration. Please forward this form, with payment to OLPH Athletics, 1752 Scheller Lane New Albany, Indiana 47150 or fax to OLPH Youth Ministry Office @ 812-944-3326.

Please check the following:

- I paid my athletic dues at school registration or at our physical night.
- I have enclosed dues and have made the check out to OLPH Athletics.
- I have enclosed a Deanery Medical Release and Physician's Form with this registration.
- Parents have read and signed the Parent's Code of Ethics and Conduct Agreement.

Parent or Guardian's Signature

Date