



REGISTRATION FORM

Please print clearly

#1) Student Name: _____ Date of Birth: _____ Grade _____ M F

#2) Student Name: _____ Date of Birth: _____ Grade _____ M F

#3) Student Name: _____ Date of Birth: _____ Grade _____ M F

Sport(s) interested in playing [Please check all that apply. Indicate student # from above next to each sport]:

Cross Country _____ Track _____

Volleyball [4-8 grades only] _____ T-Ball _____

Soccer [6-8 grades only] _____ Cheerleading _____

Basketball _____

Mother/Guardian can help as:
[Indicate sport(s) next to each role]

Coach _____

Assistant Coach _____

Team Parent _____

Father/Guardian can help as:
[Indicate sport(s) next to each role]

Coach _____

Assistant Coach _____

Team Parent _____

Please return this form to the school office Attn: Nick Rego (Athletic Director).

**On-line registration is also available by visiting the OLS School
Website at <http://ourladyofsorrowsschool.org/sports/>**