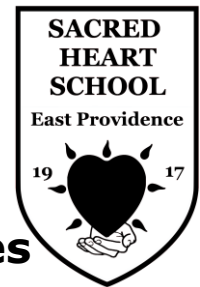


SACRED HEART SCHOOL

56 Purchase Street, East Providence RI 02914
401.434.1080 | info@sacredheartepri.com | www.sacredheartepri.com



Registration Form for Athletics & Activities

Registration Fee: _____

SPORT: _____ SCHOOL YEAR: _____

NAME: _____ DATE OF BIRTH: _____ GRADE: _____

PARENT(S) OR GUARDIAN NAME: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL(S): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

HEALTH INSURANCE COMPANY: _____

HEALTH INSURANCE POLICY NUMBER: _____

CHILD'S PHYSICIAN: _____ PHYSICIAN PHONE NUMBER: _____

ALLERGIES: _____ ASTHMA: Yes or No

MEDICATIONS: _____

PREFERRED HOSPITAL: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

I acknowledge that I have read and understand the following documents as presented to me at registration or downloaded by me:

1. Consent and Assumption of Risk Form
2. Parental Code of Conduct
3. Code of Ethical Conduct

To help us out with uniforms, please list your child's size specifying adult or child.

T-shirt size/jersey _____

Shorts (drawing string) _____

Every family must help during the season on the team host weekends.

Please circle your preference.

DOOR

CONCESSIONS

Signature of Parent(s) or Guardian: _____

Mission Statement

Sacred Heart School lives the Guanellian family spirit of charity by embracing all students with respect and esteem. Recognizing Christ in each person, we provide a distinctly Catholic education that empowers students with knowledge and skills to succeed in life. Through a caring environment, we foster the God-given gifts and abilities of our students, so as to prepare them to contribute positively in the Church and society.