



SJCS Soldier's

2026/2027 Sports Registration Form

Sport: Volleyball ___ **Flag Football** ___ **Cross Country** ___ **Basketball** ___ **Soccer** ___
Baseball ___ **Softball** ___

Players name: _____ **DOB:** ____/____/_____
Male ___ Female ___ **Grade** ____ **Parent Phone #** _____
Jersey Size (Check One) Youth/ Adult: YS ___ YM ___ YL ___ YXL ___ AS ___ AM ___ AL ___ AXL ___
Any known medical conditions _____
Medical Insurance Provider _____ **Policy #** _____

Players name: _____ **DOB:** ____/____/_____
Male ___ Female ___ **Grade** ____ **Parent Phone #** _____
Jersey Size (Check One) Youth/ Adult: YS ___ YM ___ YL ___ YXL ___ AS ___ AM ___ AL ___ AXL ___
Any known medical conditions _____
Medical Insurance Provider _____ **Policy #** _____

Players name: _____ **DOB:** ____/____/_____
Male ___ Female ___ **Grade** ____ **Parent Phone #** _____
Shirt Size (Check One) Youth/ Adult: YS ___ YM ___ YL ___ YXL ___ AS ___ AM ___ AL ___ AXL ___ A2x ___
Any known medical conditions _____
Medical Insurance Provider _____ **Policy #** _____

Players name: _____ **DOB:** ____/____/_____
Male ___ Female ___ **Grade** ____ **Parent Phone #** _____
Shirt Size (Check One) Youth/ Adult: YS ___ YM ___ YL ___ YXL ___ AS ___ AM ___ AL ___ AXL ___ A2x ___
Any known medical conditions _____
Medical Insurance Provider _____ **Policy #** _____

PARENT/GUARDIAN DATA:

NAME _____ **CELL PHONE** _____
ADDRESS _____
EMAIL _____
SPOUSE NAME _____ **CELL PHONE** _____

In the event of an emergency and parent/guardian are unable to be reached, please contact _____ Phone Number _____

Relationship to child _____

2nd emergency contact _____ Phone # _____

Relationship to child _____

If noted on other page under medical conditions, please list which child and describe the medical condition he or she has.

Liability Waiver: I, the undersigned, agree to let my child participate in St Johns Christian School (SJCS) Conference Sports as designated above. I understand and agree that SJCS, its directors, coaches, and other organizers shall be in no way liable for any injury received at any game or practice or during transportation to any event involving any sports related event.

Parent Name Printed: _____

Parent Signature : _____

Date: _____ / _____ / _____

Office Use Only:

\$75.00 Registration Fee per sport paid? _____