

Bishop Garriga Middle Preparatory School

Athletic Registration Form

PLEASE PRINT:

Circle: Male Female

Grade: 6th 7th 8th

Name: _____

Mom's Name: _____ Mom's Cell Number _____

Dad's Name: _____ Dad's Cell Number _____

Home Phone Number: _____

Mom's Email Address: _____

Dad's Email Address: _____

Organized sports played: _____

Sports Interested in playing while attending Bishop Garriga.

Circle the sports:

Football Volleyball Basketball

Golf Track Soccer

Tennis Others Baseball

Cheer Softball

Any medical issues? Please circle: Yes No

If yes, please explain briefly: _____
