



Spring Track Registration Form

Please print clearly:

Student's Name _____ Grade _____ SJPII Student or CCD Student _____

Address _____

Birth Date _____ Parent's E-Mail _____

Home Phone _____ Cell Phone _____

Mothers' Name _____ Father's Name _____

Registration Fee: \$90 / Must be paid prior to participation

T-Shirt Size: YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____ AXL _____

Make checks payable to: St. John Paul II R.S., indicate Athletics in memo.

Amount enclosed \$ _____ Check # _____ Cash \$ _____

Insurance information

You must select one of the options below:

Insurance compliance is a mandate of the Diocese. Your signature gives your child permission to participate in any activity

____ I reviewed my automobile policy and found that I am covered for a minimum of \$100,000/\$300,000 in liability. This enables me to participate in any team carpool to and from an athletic event.

____ I do not wish to participate in any carpooling to or from any athletic event.

Parents/Guardian Signature _____ Date _____

****This must be accompanied by a Medical Release Form ****

All Forms are available online www.jp2rs.org

Completed form must be sent to Main Office marked "Athletics."

55 Warwick Road Stratford, NJ 08084 856-783-3088 www.jp2rs.org