

Crescent Academy Athlete Registration

Name: _____

Sport: _____

Grade: _____

Birthday: _____

Primary Parent's Name: _____

Primary Parent's Email: _____

Primary Parent's Cell Phone: _____

Alternate Parent's Name: _____

Alternate Parent's Email: _____

Alternate Parent's Cell Phone: _____

Medical Alerts or Allergies:

I authorize Crescent Academy and its staff to seek medical care in the event of my absence. I understand that all attempts will be made to contact me and that I am responsible for any charges incurred. I have provided this contact information and to the best of my knowledge, it is current and accurate. I agree to receive text messages from the CA Athletic Department in regards to scheduling and practice updates.

Parent or Legal Guardian Signature

Date

Number (office use only)
