

Christ the Divine Teacher Catholic Academy Athletic Association

## Athletic Registration

**Cross Country**  
\$25 per student

**Fall Soccer**  
\$50 per student

**Spring Soccer**  
\$50 per student

**Basketball**  
\$60 per student

Total Registration Fee \$\_\_\_\_\_ # of students registered \_\_\_\_\_

Make Checks Payable to: CDTCA Athletic Association

Student 1 Name	CrossC__ Soccer__ BBall__	M__ F__	Date of Birth	Grade
Student 2 Name	CrossC__ Soccer__ BBall__	M__ F__	Date of Birth	Grade
Student 3 Name	CrossC__ Soccer__ BBall__	M__ F__	Date of Birth	Grade
Student Address		Home Phone		
City		State Zip		
Mother Name		Father Name		
Mother Work / Cell Phone		Father Work / Cell Phone		
Mother Email		Father Email		
Alternate Emergency Contact		Contact's Phone #		
Family Physician Name		Physician Phone #		
Medical History: (Diabetes, Epilepsy, Asthma, etc.)		Allergies: (Bee/Wasp Stings, Candy/Food, Pollen/Mold, Any Medication Allergies)		
Medications Currently Taking				
Anything else we should know about your child's/children's medical history?				