

Christ the Divine Teacher Catholic Academy Athletic Association Athletic Registration

Cross Country
\$15 per student

Fall Soccer
\$50 per student

Spring Soccer
\$50 per student

Basketball
\$50 per student

Total Registration Fee: \$ _____

of students Registered _____

Make Checks Payable to CDTCA Athletic Assn.

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
Students' Address		City	State	Zipcode
Student's Phone #		Student's E-mail		
Mother's/Guardian's Name		Father's/Guardian's Name		
Mother's Work Phone		Father's Work Phone		E-mail
Mother's Cell Phone		Father's Cell Phone		E-mail
Parents Address if Different from Student			Phone #	
Alternate Emergency Contact			Contact's Phone #	
Family Physician Name			Physician Phone #	