



SANTA BARBARA CATHOLIC SCHOOL

274 W Santa Barbara Ave Ste A, Dededo, Guam 96929-5378 USA
TEL (671) 632-5578 FAX (671) 632-1414 EMAIL info@sbc.edu.gu | info@santabarbaraschool.org

REGISTRATION

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Gender: ___ Boy ___ Girl Date of Birth: ___/___/___

Grade: _____ Clinic: Basketball _____ Volleyball _____

CONSENT AND WAIVER LIABILITY

I, _____, parent of _____, Grade _____, a student in SANTA BARBARA CATHOLIC SCHOOL, hereby give our consent for our child to participate with Spartans Basketball and Volleyball Summer Clinic.

I understand that I will transport my athlete to and from the venue of the practices and games. I also understand that there is only one pick-up point, which is the North Gate, Catherine Mc Auley Hall entrance across the Dededo Public Library.

I further release SANTA BARBARA CATHOLIC SCHOOL from any liability and claims for any damage, which may result, to our child by his/her traveling and participating to practice sessions and athletic events in this manner.

Date

Parent's Signature over printed name

Contact Number: cell phone: _____

Home: _____

Work: _____

Authorized person/s who will pick up my athlete aside from parent:

Name: _____

Name: _____

