



VENERINI ACADEMY

27 Edward Street, Worcester, MA 01605/ Tel. 508-753-3210/ www.veneriniacademy.com

Venerini Academy Athletic Program Registration Form

To be completed by parent:

SPORT: _____

STUDENT: _____ **GRADE:** _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **EMERGENCY PHONE:** _____

MEDICAL CONDITION WHICH MAY EFFECT PARTICPATION IN THIS SPORT:

PREFERRED HOSPITAL IN CASE OF EMERGENCY: _____

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To be completed by coach:

PARENT PERMISSION FORM: _____

CODE OF CONDUCT: _____

ATHLETIC FEE PAID: _____

DIRECTOR OF ATHLETICS:

Mary Sivo
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