



**Oceanside Athletic Association
Basketball Registration**

Student Name: _____ T-Shirt Size: _____ School/Grade: _____

Parent Name: _____

Address: _____

Phone: _____ Email: _____

Additional Phone Number: _____

Insurance Company: _____

Date / Last Physical: _____ Performed by: _____

Registration Fees: \$65.00 Per Child

Note: No child will be allowed to participate without a completed OAA registration form and fees

Please make checks payable to: St. Peter's Athletic Club

I give my child / children _____ permission to play in the Oceanside Athletic Association, Inc. I assume all responsibility from accidents and/or injuries to my child/children. I relieve the Oceanside Athletic Association, Inc. of any and all liability.

Parent Signature: _____ Date: _____

Oceanside Athletic Association, Inc.
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