 **2016-2017 SPORTS REGISTRATION FORM**

The St. Stanislaus Athletic Committee is interested in your son/daughter participating in the sports programs offered at St. Stanislaus School.

Parental volunteers are a necessity in making our sports program work. Coaches are needed for each team. In addition, every parent is expected to work their scheduled work times in the concession stand or at the door. If you cannot work, please find a replacement. **PLEASE BE RESPONSIBLE AND WORK YOUR ASSIGNED SCHEDULED TIME!!! ALL PARENTS MUST WORK AT LEAST ONE TIME IF YOUR CHILD IS IN THE BELOW MENTIONED SPORTS.**

Include your **$15 ($20 archery)** enrollment fee (payable to St Stanislaus Athletic Committee) per child, per sport for participating in the Athletic Program. The Athletic Committee will supply a jersey and shorts for team members in volleyball and basketball, and a jersey for team members in cross country and track & field. Thank you for your cooperation and support. If you have any questions or concerns, please contact an Athletic Committee member.

I give permission for  who is in the  grade to participate in the following:

Volleyball (5th through 8th grade Girls) – August through October

**\_\_\_\_\_\_\_\_\_\_** Cross Country (4th through 8th grade Boys and Girls Teams) – **Circle Gender** – August through October

Basketball (5th through 8th grade Boys and Girls Teams) **- Circle Gender** – November through February

**\_\_\_\_\_\_\_\_\_\_** Track & Field (5th through 8th grade Boys and Girls Teams) – **Circle Gender** – March through May

**\_\_\_\_\_\_\_\_\_\_** Archery (4th through 8th grade Boys and Girls) – December through May ($20/archer)

Additional $10.00 Archery Shirt size\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent/Guardian Date Relationship to Athlete

## Print Parent/Guardian Name #1 Print Parent/Guardian Name #2

Home/Cell Phone Parent/Guardian #1 Home/Cell Phone Parent/Guardian #2

E-mail Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Physical YES / NO Date completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am interested in coaching the following team:**

Team Grade/Gender Parent/Guardian Name

AC USE ONLY

Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you,

Athletic Committee

# **PARENT PERMISSION AND AUTHORIZATION FOR TREATMENT**

We hereby give our consent for to represent his/her school in athletics. We will not hold the school responsible in case of accident or injury whether it be during practice or contest and we hereby agree to release the Catholic school system of which this school is a part, its employees, agents, representatives, coaches, and volunteers from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by my child/ward in any activities related to the athletic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give consent for the school to obtain such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities.

Please list any health issues that the coach should be made aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Our primary physician is:

Physician’s Phone number:

Preferred Hospital: \_ \_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent/Guardian Relationship Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number