

Pee wee (4 ½-6)  1st-2<sup>nd</sup> (Under 8)  3<sup>rd</sup>-4<sup>th</sup> (Under 10)  5<sup>th</sup>-6<sup>th</sup> (Under 12)  7<sup>th</sup>-8<sup>th</sup> (Under 14)

# ST. JOHN THE EVANGELIST ATHLETICS

## Spring 2015 REGISTRATION FORM/WAIVER

(One form for each child must be completed!)

**Fall Soccer Registration is OPEN from March 12-March 20, 2015!**

This form must be completed and returned with payment to **Saint John's Athletic Department**, through the school before your child will be permitted to participate in the athletic program. Please note, this is

**NOT payable through TADS.**

**Non-Refundable Fee: 1-Child: \$50.00 | 2-CHILDREN: \$70.00 | FAMILY: \$80.00**

**\*\*\*Mandatory Refundable Uniform Deposit: \$30.00 per child**

(Uniform deposit must be separate check/m.o./cash from registration fee)\*\*\*

### PLAYER INFORMATION

**PLEASE PRINT LEGIBLY & FILL OUT ALL BOXES**

<b>PLAYER</b>	LAST NAME				FIRST NAME				GRADE	
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	MO.	DAY	YEAR	SCHOOL & PARISH		RELIGION		
	ADDRESS					CITY		STATE	ZIP	
	LIST ANY MEDICAL CONDITIONS WHICH WOULD LIMIT CHILD'S ABILITY TO PLAY:									

### PARENT/ GUARDIAN INFORMATION

*Please provide contact information for at least one parent or guardian*

PARENT/GUARDIAN #1		Relationship to child	PHONE #1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
EMAIL			PHONE #2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
PARENT/GUARDIAN #2		Relationship to child	PHONE #1	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
EMAIL			PHONE #2	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

IN ST. JOHN'S AFTERCARE PROGRAM? **see attached form	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

### EMERGENCY CONTACT INFORMATION

NAME	RELATION TO CHILD
TELEPHONE #1	TELEPHONE #2

By signing this form, my family and I waive any and all financial claims against St. John's Athletics, its coaches and representatives, and St. John's Catholic Church and School for any injuries which he, she, or they may sustain while participating in the program.

Signature of Parent or Legal Guardian

Date

I am interested in helping with the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Team Parent                                       | <input type="checkbox"/> Field Lining /Field Maintenance |
| <input type="checkbox"/> Coach (Virtus & Background Check Completed)       | <input type="checkbox"/> Fundraising Events (Home Games) |
| <input type="checkbox"/> Asst. Coach (Virtus & Background Check Completed) |  |

*St John's Athletics is NOT intended to be a daycare, please make sure your child is properly supervised. \*\*if your child is in the St John's aftercare program, and your child has soccer practice before you come to pick him/her up, you MUST provide Mrs. Walker with a note stating the coach's and child's name, days, and times the child can be released.\*\*\* All cash, checks or money orders intended for the uniform deposits will be held until the end of the season. We will cash uniform deposits ONLY when uniforms are not returned at the end of the current season. Your Deposit will be returned upon our receipt of the uniform. Last day for uniform return November 30, 2014.*

**For Office Use Only:** # Paid for: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash:  Uniform: \_\_\_\_\_

## RELEASE FROM ST. JOHN'S AFTERCARE CONSENT FORM

I, \_\_\_\_\_, authorize my child/children,

\_\_\_\_\_ to be released from St. John's Aftercare Program to his/her coach for the purpose of scheduled practices or games.

I understand that my child must remain with the coach and that the coach will maintain supervision over him/her until I arrive.

I will arrive **before** the end of the soccer function to pick up my child. Students of parents who become repeat violators of this rule will not be allowed to leave Aftercare until his/her parent arrives.

I also understand that if my child/children **DO NOT** have the proper equipment or attire they will not be allowed release from Aftercare with his/her coach and will need to be picked up from the Aftercare program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_