

COACHES NEEDED

Catholic Middle School Athletic Association REGISTRATION FORM Sts. Philip & James School

**NO REFUNDS ONCE
TEAMS HAVE BEEN
DECLARED**

**\$25.00 late fee after
registration closes**

Registration Fees must accompany this form and are as follows:

Fall: Soccer - \$60.00; Cross Country - \$45; Intramural Volleyball - \$25.00

Winter: Basketball - \$65.00; Bowling - \$60.00

Spring: Baseball / Softball - \$95.00

These fees will cover the cost of fields, alleys, referees and/or umpires and equipment.

A separate uniform fee will be required.

Please make checks payable to: "Sts. Philip and James School."

I give permission for my son / daughter, _____, Grade 8 7 6
(circle one) Print Student's Full Name (circle one)

to participate in *(circle one)*:

FALL: Soccer; XC; VB **WINTER:** Basketball; Bowling **SPRING:** Baseball; Softball

Mailing Address: _____

Parent Contact Information:

Mother (Or legal guardian)

Father (Or legal guardian)

Home #

Home #

Work #

Work #

Cell Phone or beeper

Cell Phone or beeper

E- Mail address _____
(to be used for correspondence)

2nd E- Mail address _____

Name of person(s) to be contacted in emergency if parents (guardians) are not available:

Name Phone

Please respond to each of the following:

- 1) Will you be able to help out with coaching / assisting the team? ___ Yes ___ No
- 2) Will you be available to drive children to games? ___ Yes ___ No
(The games and practices will generally be right after school and will be held at various locations throughout Suffolk. I understand parent volunteers will be driving students to these venues.)
- 3) You understand this is a competitive athletic program, meaning playing time may vary significantly, and there is a risk of injury? ___ Yes ___ No
- 4) You are aware of the need to have a current sports physical and seasonal update on file with the School prior to participation, including tryouts and practices? ___ Yes ___ No
- 5) You provide your permission for inclusion of your child in any photos, news reports, websites, etc. on the School team and this program that are deemed appropriate? ___ Yes ___ No
- 6) Are you trained in CPR / AED? ___ Yes ___ No

PARENT/GUARDIAN SIGNATURE

FOR OFFICE USE ONLY: Amount Received \$ _____ cash or check Check # _____ Date _____