SAINT MARY SCHOOL SPORTS REGISTRATION FORM
2007 SOCCER SEASON

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NOTE: Sign up deadline is Monday, August 20th
The season begins on September 10, 2007

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A. **ONE FORM PER PLAYER.** ALL INFORMATION MUST BE COMPLETED BEFORE THIS FORM CAN BE PROCESSED AND BEFORE A CHILD IS ALLOWED TO PRACTICE OR PLAY. PLEASE COMPLETE BOTH SIDES OF THIS FORM.

STUDENT NAME: _____ HOME PHONE: _____

AGE: _____ **BIRTHDATE**_____

GRADE: ____ #YEARS PLAYED _____

MOTHER'S NAME: _____ WORK PHONE: _____

FATHER'S NAME: _____ WORK PHONE _____

EMERGENCY CONTACT: _____ PHONE: _____

E-Mail Address_____

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B. SHIRT SIZE: (circle one) **CHILD:** S (6-8) M (10-12) L (14-16)

ADULT: S (34-36) M (38-40) L (42-44) XL (46-48)

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C. **REGISTRATION FEE (NON-REFUNDABLE):**

$40.00 PER CHILD PER SPORT: (This fee helps cover league dues, misc. supplies and the shirt that each player will keep after the season.)
Fees should be paid upon registration or prior to first scheduled practice. Registration forms received **after** posted registration deadline will be placed on a first come/serve basis as space on teams is available. Fee must be paid to ensure your child's place on the team.

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D. PARENT/GUARDIAN PHYSICAL EXAM/SCREENING AND AGREEMENT

I hereby certify that my child is in normal health and capable of safe participation in SMS Sports program. I assume all risk(s) and hazards incidental to the conduce of this program and for the transportation to and from the program. I hereby authorize St. Mary School to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.

INSURED BY:_____ **POLICY # :** _____

CONDITIONS: Illnessess (i.e. allergies, asthma) _____

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E. VOLUNTEER INTEREST: Our sports program depends on volunteer parents. Please be generous with your time. It is well worth it!

I am willing to participate as a volunteer: (circle one or more.)

Coach	**Communications/Team Parent**
Assistant Coach	**Picture Parent**
Team Celebration	**Uniform Parent**

____ ________________ ________

Print Parent Name Phone Number Date

____ Parent Signature

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F. Special request for team assignments are NOT encouraged. In order to enhance social skills, we encourage the youth to interact with new participants each year. We must also balance the team structures to allow for an enjoyable experience for all participants and volunteers.

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G. Official Use Only:

Amt. Paid _______ Date _________ Cash _________ Check # ___________

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H. Additional Forms in Office - One per player.

I. Complete SJAFB ID Card form and return with registration