

St. Alphonsus
2016-2017 Athletics Registration Form

Circle one:

Football	Boys Basketball	Girls Basketball	Girls VB	Track	Cheer
\$95	\$75	\$75	\$75	\$75	\$75

Athlete's Name: _____ Grade : _____

Date of Birth: _____ Current Age: _____

Address: _____

Home Phone Number: _____

Email address: _____

Father's Name: _____ Work #: _____ Cell #: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Athletic T-Shirt size: _____

Release:

_____ has my permission to participate in athletics at St. Alphonsus. I understand that my personal insurance relieves the schools and coaches from financial responsibility resulting from injury. I agree to submit a copy of my current medical insurance card, as required of proof of insurance coverage. I also understand that a physical examination or doctor's release is required in order to be eligible to participate in any sporting activities at St. Alphonsus School.

Parent's Signature

Parents: Your child's commitment to playing a sport at St. Alphonsus school should include your commitment to assist in making these activities a success. **Please understand that you will be required to work scheduled times in the concession stand and at the admission gate. The athletic director will randomly assign work schedules. It is up to the parent/guardian to fulfill this responsibility.**

Registration fees are non-refundable unless team is not provided.

A \$20 late fee will be due for anyone that registers after the due date!