

ST. MARY'S SPORTS REGISTRATION (4th thru 12th Grade)

FOOTBALL CHEERLEADING VOLLEYBALL
WRESTLING BASKETBALL BASEBALL SOFTBALL

(Circle ALL sports this student is interested in playing for this year.)

Please Print:

School Year: _____

Player's Name: _____ Home Phone: (____) _____

Player's Address: _____ City, Zip: _____, OH

School: _____ Parish: _____ Date of Birth: _____ Age: _____

Grade in School as of September 1: _____ or PSR Grade as of September 1: _____

Provide Parent Information (include full names):

Father: _____ Phone: (____) _____ (Home) (____) _____ (Work)

Mother: _____ Phone: (____) _____ (Home) (____) _____ (Work)

E-Mail address: _____ @ _____ . _____ T shirt size: (Circle One) Adult S M L XL

AS PARENTS. (Please read carefully.)

1. I am aware of the possibility that my child could sustain injury as the result of his/her participation in any of these sports. I have provided an Athlete Physical Record signed by a Physician and dated within the last 12 months authorizing his/her participation.
2. We desire to have _____ participate in this/these parish sports program(s). We hereby accept all responsibility in the event he/she is injured, and will not hold the parish of St. Mary's, St. Mary's Athletic Council, or the league accountable in any manner whatsoever for medical fees and liability, including hospital or doctor bills, regardless of the hospital our child is taken to. This also applies to the transportation to and from practices and scheduled games of the Parish, Athletic Council and League.
3. **We will fulfill our concession stand and field duties and assist with fund-raising. Please choose one below.**
 I prefer working during child's game. I prefer working on the same day, different time. I prefer working a different day.
4. The cost to participate in the Fall and Winter sports programs is as follows:
 1. Football, Basketball, Wrestling \$100 per athlete
 2. Cheerleading, Volleyball, Softball (developmental) \$60 per athlete

*There is also an annual **BOOSTER CLUB NON-REFUNDABLE** fee of \$40 per family. The cost of each sport is listed above. A \$10 late fee will be assessed for payments received after designated deadlines. (St. Adalbert's Athletic Council determines Fees for Baseball, Softball and Boys' Volleyball participation. You will be informed of that cost closer to the time that season is to begin.)*

Date Signed: _____ Parent's Signature: _____

Yes, I am interested in coaching _____ (Sport). Please call me to discuss this possibility.

Name: _____ Phone: _____

Payment Rec'd: Date: _____ / _____ / _____ Amount: _____ Check# _____ or Cash

PLEASE RETURN FORM TO: ST. MARY'S CHURCH, 250 KRAFT ST, BEREA, OH 44017 ATTT: ST. MARY'S ATHLETIC COMMISSION

OR ST. MARY'S SCHOOL, 265 BAKER STREET, BEREA, OHIO 44017 ATTN: ST. MARY'S ATHLETIC COMMISSION

Please make checks payable to St. Mary's Athletic Commission

****Coaches are not permitted to accept registration information a/or fees. All information/fees must be received by the Registration Team.****

****This form is also available from our St Mary's Athletic Commission Website . . . www.stmarysbereasports.org****