



2010-2011 Athletic Program Registration Form

Student Name _____ (please use one form for each student)

Parent/Guardian Names _____

Family E-mail address _____

Grade Level Entering: 5 6 7 8 (circle one) T-Shirt size: Youth: L Adult: S M L XL (circle one)

The above named child is a student at St. Patrick Catholic School and wishes to participate in the school's athletic program. Participation may expose the child to risk of injury. I, the undersigned parent/guardian release St. Patrick Catholic School and its representatives from all responsibility for any and all claims, actions or losses for bodily injury and property damage which may arise out of participation in the program. I also understand that:

- A sports physical is required annually, and must be turned in to the school nurse prior to the first team practice.
- A signed and completed registration form is required before a child may participate in any camp or sport.
- Payment for each camp or sport is required before my child may participate in a camp or sport.

SUMMER CAMPS

Boys Basketball Camp	June 7-11	\$65	_____ will attend	_____ will not attend
5 th -6 th grade 9AM-NOON				
7 th -8 th grade 12:30PM-3:30PM				
Girl Basketball Camp	June 14-18	\$65	_____ will attend	_____ will not attend
5 th -6 th grade 9AM-NOON				
7 th -8 th grade 12:30PM-3:30PM				
Girls Volleyball Camp	Aug 9-13	\$65	_____ will attend	_____ will not attend
5 th -6 th grade 8:30AM-10:30AM				
7 th -8 th grade 11AM-1PM				

SEASONAL SPORTS

Co-ed Cross Country	September-October	\$30	_____ will participate	_____ will not participate
Girls Volleyball	September-November	\$60	_____ will participate	_____ will not participate
Boys Basketball	October-January	\$60	_____ will participate	_____ will not participate
Girls Basketball	November-March	\$60	_____ will participate	_____ will not participate
Boys Volleyball	February-April	\$60	_____ will participate	_____ will not participate
Co-ed Track	March-May	\$30	_____ will participate	_____ will not participate

Total Fees: \$ _____ Check # _____

Parent/Guardian Signature _____ Date _____

Fee payment by check made payable to St. Patrick Athletics is due with this registration form by **Friday, April 9th**. Fees will be refunded only if your child decides not to play before tryouts/team selection.

Top copy is returned to the school office, duplicate copy is for your records.