

## ST CHRISTOPHER ATHLETICS ASSOCIATION REGISTRATION FORM

Every player must have a form filled out. Please read completely and sign at the bottom. Multiple sports can be indicated on a single form.

Date:		
Player's Information	Student Info: (check one)	Sports
Name:	St. Christopher School	Girls Basketball
Address:	Religious Education	Girls Volleyball
Address 2:	Birthdate:	
City: State: ZIP Coo	de:	Boys Basketball
	Grade:	Boys Volleyball
Uniform Size:	Medical Concerns / Allergies	
Jersey: Shorts:	_	Cheerleading
1st Choice 2nd Choice 3rd Cho Number: (choose 3)		Soccer
Parent/ Gaurdian: Relationship:		
Name C	Cell Email	
Parent/ Gaurdian: Relationshi	ip:	
Name C	Cell Email	
Emergency Contact: Relationshi	ip:	
Name C	Cell Email	
student or coach and enforcement will be at the discretion of the athletic board. All athletic association rules and regulations are dictated by the Office of Catholic Schools Handbook for Athletics.  All families and players are required to read and sign the Athletic Association's Code of Conduct for the current school year.  I AGREE TO SIGN AND ABIDE BY THE ATHLETIC ASSOCIATION'S CODE OF CONDUCT Parent's Initials  During the year all parents are expected to actively participate in the operational activities of home games. Activities include but are not limited to: concessions, door, score board and cleaning. Head coaches/Athletics association will co-ordinate these activities.  I AGREE TO VOLUNTEER MY TIME DURING HOME GAMES Parent's Initials  The Athletics Association hosts a number of fund raisers each year in order to keep athletic fees down and maintain the St. Chris gym. Successful operation of these fund raisers requires parent involvement.  I AGREE TO VOLUNTEER MY TIME DURING ATHLETIC ASSOCIATION FUNDRAISERS Parent's Initials  I agree that images containing my child may be shared on the Athletic or School website, via social media or in print at the discretion of St. Christopher Athletics.  PICTURE/IMAGE WAIVER Parent's Initials  Signature below indicates willingness to pay all outstanding Athletic fees by the middle of each respective sport season that your child is participating in. Violators may be subject to late fees, eligibility restrictions, or a combination of both.  I AGREE TO PAY MY ATHLETIC FEES Parent's Initials  The St. Christopher Athletic Association is not responsible for claims resulting from injuries that occur during athletic events. It is highly recommended that each player be covered with their own health insurance.  I ACKNOWLEDGE THE RISK INVOLVED FOR MY CHILD AND INDEMNIFY ST. CHRISTOPHER ATHLETIC ASSOCIATION OF ANY COSTS DUE TO ANY HARM OR INJURY TO MY CHILD DURING PARTICIPATION IN ANY ATHLETIC ACTIVITY. Parent's Initials  Any questions, p		
Parent or Guardian Signature  FOR OFFICE USE ONLY		
CASH:		
Amount Received: CHECK		