

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				Stude	ent Info: (check	one)		Sports
Name:				St.	. Christopher Sch	iool		Girls Basketball
Address:				Re	ligious Education	n		Girls Volleyball
Address 2:				Birthdate	::			
City: State:	ZIP Code:			J				Boys Basketball
				Grade	::			Boys Volleyball
Uniform Size:				Medica	l Concerns / All	lergies		
Jersey: Shorts:		_						Cheerleading
1st Choice 2nd Choice Number: (choose 3)	3rd Choice							Soccer
Parent/ Gaurdian:	Relationship:			<u> </u>				
Name					il			
Parent/ Gaurdian:	Relationship:							
Name					il			
Emergency Contact:	Relationship:					_		
Name					il			
	IMPORTA	ANT RULES	PLEASE F	READ:				
Abusive language and/or actions by players, coaches, parents, or fans will not be tolerated during practice or games at any location. Offenses may result in dismissal of the 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 have Read and undertand the Volunteer requirement and fee. 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. Payment by Credit Card will incure a processing fee. Please contact Athletics for fee amount. 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, problems, or issues should be dealt with initially through your team coach. Call and set up an appointment with the coach. If resolution is not met, the issue will be escalated to the Athletic Board. The board's decision shall be final. Play at the 4th & 5th grade levels is considered instructional and given attendance at games, practices, participation, and behavior, playing time should be equal for all players throughout the season. In the upper grades (6th, 7th, and 8th), given attendance at games, practices, participation, and behavior, playing time is expected for each player throughout the season "with the exception of play-off games and tournaments".								
Parent or Guardian Signature								
	FC	OR OFFICE U	ISE ONLY					
	CASH:			Credit Card #_		Ехр	:	Code:
Amount Received:	CHECK:		CHECK #:		_ F	Received by		