

# Soccer Registration

St. Patricia Athletic Association Registration Form

DATE: \_\_\_\_\_ Circle One: Pee-Wee (1<sup>st</sup>&2<sup>nd</sup>) / Juniors (3<sup>rd</sup> & 4<sup>th</sup>) / J.V. (5<sup>th</sup> & 6<sup>th</sup>) / Varsity (7<sup>th</sup> & 8<sup>th</sup>)

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE  BIRTHDAY \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell/Other: \_\_\_\_\_



ANY EXISTING MEDICAL CONDITIONS \_\_\_\_\_



### FEES (place check next to appropriate fees)

Registration Fee  \$115. Second Child:  (same sport) \$95.

Uniform Fee: 5<sup>th</sup> - 8<sup>th</sup> grade \$35 Jersey, Shorts, & Socks (2 YR. Uniform)  
If separate pieces are needed (\$18.00 jersey, \$15.00 shorts)



UNIFORM SIZES - 1<sup>st</sup> - 4<sup>th</sup> grade

SHIRT YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_



UNIFORM SIZES - 5<sup>TH</sup> thru 8<sup>TH</sup> grade (2YEAR UNIFORM)

Number from last year: \_\_\_\_\_

SHIRT YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ AXXL \_\_\_

SHORTS YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ AXXL \_\_\_



### PAYMENT (Please make check payable to St. Patricia Athletic Association)

Check# \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_

Please Read and Sign Back of this Sheet

## CONDITIONS FOR PARTICIPATING IN THE SPORTS PROGRAM

- A. **PARENTS RELEASE:** In consideration for your accepting this entry, I do hereby for myself, my Heirs, executors and administrators, waive, release and discharge forever any and all rights and claims for damages which hereafter accrue to me, against St. Patricia Athletic Association, their respective agents, Officers, representatives, successors, and or assigns, for any and all damages which may be sustained and suffered by me or my child in connection with and or arising out of my traveling to or participating in, and returning from said athletic meet(s). Expect as covered by insurance subscribed for whenever possible, insurance claims should be sent to your own insurance co. Use our insurance to cover any other cost not covered under your own insurance.
- B. A parent must attend a meeting with the coach and review the policies to participate in the program and agree to adhere to these policies and mission of the St. Patricia Athletic Association.
- C. Parent/Guardian must complete all the application forms and be paid in full before a child will be allowed to participate in any program.
- D. All applicants must attend St. Patricia school or be in good standing with the St. Patricia C.C.D. programs
- E. Parent/Guardian Responsibility: Parents are responsible for transportation to and from the point of all events and practices in a prompt manner.
- F. Parental Confirmation: The parents confirm that the child is fully eligible to participate in the activity and is in good standing at St. Patricia school or C.C.D. program and is without any medical or physical limitations not hereto disclosed.
- G. Once your child has been placed on a team or teams have been split, no refunds will be given. (Note: Unusual circumstances will be considered on an individual basis, pending the approval of the Soccer Director and the SPAA board.)
- H. Parent/Guardian has received, read, and fully understands the terms and conditions contained within the St. Patricia Athletic Association Handbook.

**\*\* The St. Patricia sports program expects a level of commitment from the parent/athlete. If your child is in other activities/programs that may interfere with your child attending practices and games please let us know immediately.**

*I have read the following conditions for participation in the St. Patricia sports program.*

**PARENTS  
SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

# SPAA MEDICAL RELEASE AND EMERGENCY FORM

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: K 1 2 3 4 5 6 7 8 ← circle one

Sport:  Boys B-ball  Cheer  Football  Girls B-ball  Soccer  Volleyball ← circle all that apply

I certify that \_\_\_\_\_ is physically capable and able to complete the requirements needed to be a participant. I understand that this form allows for the medical treatment of my child should an illness or injury occur during sport-related activities when either parent or guardian cannot be reached. If there is any physical or medical reason why my child cannot participate for an extended period of time, a doctor's release shall be obtained prior to returning to practices and events.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Treatment Permission

In the event that an emergency occurs while my child is participating in an authorized SPAA athletic activity, I grant permission for SPAA representatives to take whatever action is necessary to provide medical care for my child. In the event that a parent or guardian cannot be reached, I authorize SPAA and/or its representatives to give consent for my child to be given medical treatment at the nearest medical facility as directed by emergency personnel.

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Member ID Number \_\_\_\_\_ Group \_\_\_\_\_

## Emergency Contact (required)

Person to be notified other than parent/guardian in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

(continued on other side)

**Participant Name:** \_\_\_\_\_

**Medical Information**

Heart Condition or disease	Yes	No	← circle one
Diabetes	Yes	No	← circle one
Convulsions disorder	Yes	No	← circle one
Asthma	Yes	No	← circle one
Allergic to medication	Yes	No	← circle one
Allergic to bee stings	Yes	No	← circle one
Immunizations up to date	Yes	No	← circle one

Last Tetanus shot: \_\_\_\_\_

Please identify medication allergies or other allergies:  ← circle if no allergies  
(e.g. penicillin, iodine; latex, peanuts, eggs, lactose)

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Any medications your child is currently taking:  ← circle if taking no medications

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Additional information that may be helpful:

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A copy of this form will be kept on file by an authorized SPAA representative and be brought to all practices, games, tournaments or competitions in case of emergency. This form may be given to emergency personnel upon request and will accompany the child in transport to the nearest medical facility.