

**St. Patricia Athletic Association Soccer Registration Form
(Spring 2011 Session)**

Player's Name _____ Grade _____ Phone _____

Address _____ City _____ Zip _____

School _____ DOB _____

Mother's Name _____ Cell # _____
Email _____

Father's Name _____ Cell # _____

Emergency Contact Name & Number _____

Existing Medial Conditions _____

FEES: Registration
\$115.00 (Single child)
\$95.00 (For each additional child, same sport)

UNIFORM FEES:
Shirts: \$18.00
Shorts: \$15.00 (5th – 8th only)

Note: Grades K – 4th uniform shirt is provided in registration fee as a two year item. If an additional shirt is required less than two years it must be purchased at \$18.00

Shirt Sizes: YS ____ YM ____ YL ____ YXL ____ AS ____ AM ____ AL ____ AXL ____ AXXL ____

Short Sizes: YS ____ YM ____ YL ____ YXL ____ AS ____ AM ____ AL ____ AXL ____ AXXL ____

Number from last year: _____

Payment: Check # _____ Cash _____ Amount _____

PHOTO RELEASE: (Please initial appropriate Release)

____ I give permission for my child/ren to be photographed and have their picture appear in the church bulletin, local newspapers, the school website and/or Athletic Association website, and/or for marketing purposes.

____ I do not give permission for my child/ren to be photographed and have their picture appear in the church bulletin, local newspapers, the school website and/or Athletic Association website, and/or for marketing purposes.

SEE BACK PAGE FOR RELEASE

Catholic Bishop of Chicago, A Corporation Sole
Child/Minor Acknowledgement Form

Child/Minor Name: _____ Parent/Guardian Name _____

Program: _____ Program Dates _____

The Catholic Bishop of Chicago (CBC) and **St. Patricia Parish** are committed to conducting programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities including athletics. The CBC and Parish insist participants follow safety rules and instructions designed to protect the safety of the participants and attendees.

Please recognize the CBC and Parish does not carry medical accident insurance for injuries sustained in the programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a sports/recreation program/activity should review their own health insurance policy for coverage. The absence of health insurance coverage **does not make** the CBC or the Parish responsible for the payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in activities connected with this program. I am responsible for the transportation of my child/ward to and from the event(s). The use of my personal automobile to transport participants or attendees is not sanctioned by the CBC and the Parish and is my voluntary undertaking. While using my personal vehicle to and from parish/school activities, I acknowledge my automobile insurance is primary; I understand and will comply with the rules and regulations of the Illinois Motor Vehicle Code; I understand and will comply with other Federal, State and local laws; during the event(s) and to and from the events(s). I will not engage in any inappropriate behavior or activity and doing so will be my personal responsibility.

On behalf of myself or child/ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole and the parish from claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or parish official to secure from any hospital, physician and or medical personnel any treatment deemed necessary for my minor child's immediate care and agree I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above program details.

Parent/Guardian Signature

Date