

**St. Patricia Athletic Association Soccer Registration Form
(Spring 2020 Season)**

Player's Name _____ Grade _____ Phone _____
Address _____ City _____ Zip _____
School _____ DOB _____
Mother's Name _____ Cell # _____ Email _____
Father's Name _____ Cell # _____
Emergency Contact Name & Number _____
Existing Medical Conditions _____
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REGISTRATION FEES: 5th – 8th
\$115.00 (Single child)
\$95.00 (For each additional child, same sport)
Late FEES: \$25.00 (Forms are DUE 1/26/20)
SportsBrain Concussion Management Fee (1 time annually): \$7

Uniform fee: Shirt \$20.00, Shorts \$15.00, Whole Uniform \$35. You may replace it only when necessary and in need of a new one. If you have one from last year that fits appropriately, you do not need to order a new one.

Registration Fees: Pre-K - 4th
\$95.00 (Single child)
Note: ** Grades K – 4th You do not need to replace every year, only when needed. You may provide your own shorts (royal blue) but the shorts are also available for purchase if you would like for \$15. The students keep their jerseys.

NUMBER FROM LAST YEAR: _____ New Players: 3 Desired Numbers: _____

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

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

Check: Registration _____ Uniform _____

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.

Note: *No refunds will be provided after player evaluations have occurred (if required) or after teams have been committed to the Southwest Catholic Soccer Association for season play.*

SEE BACK PAGE FOR RELEASE

Catholic Bishop of Chicago, A Corporation Sole

Child/Minor Acknowledgement Form

Child/Minor Name: _____ Parent/Guardian Name _____

Program: Soccer

Program Dates: February 2019 - June 2019

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