

FATHER ALLOUEZ CATHOLIC SCHOOL

2018–2019 Athletic Registration Form

(Please Print)

Player name _____ Grade in Fall 2018 _____

Address: _____ Home phone#: _____

Parent/Guardian phone/cell: _____ Mom _____ Dad _____

Parents/Guardian name(s): _____

Email (Primary): _____

Email (Optional): _____

~If you need emails to go to both parents, please include both

Please indicate with an "X" the sports you are interested in. The cost **per sport** is \$50.00. **The fee for 3rd/4th basketball is \$25.00.**

Season	Sport	3 rd	4 th	5 th	6 th	7 th	8 th
Fall	Soccer			\$50	\$50	\$50	\$50
	Volleyball			\$50	\$50	\$50	\$50
	Cross Country*			\$50	\$50	\$50	\$50
Winter	Basketball	\$25	\$25	\$50	\$50	\$50	\$50
Spring	Tennis			\$50	\$50	\$50	\$50
	Track			\$50	\$50	\$50	\$50
	Golf				Pay green fee	Pay green fee	Pay green fee

*Cross Country will be offered through another school but payments still need be made to our program.

Please return this form (one form per athlete) along with a **non – refundable** check made payable to **Resurrection Athletics**. For your child to be added to any team list, all forms and payment must be turned in.

For parents interested in coaching:

Name: _____ Telephone #: _____

Coach _____ Assistant coach _____ Email: _____

For Sport(s) _____ Grade(s) _____

In accordance with the Diocesan standards, any person that wants to coach must have VIRTUS Training and a LoSec background check which includes 3 reference checks.

**SEE BACK OF THIS PAGE - PLEASE
FILL OUT BOTH SIDES.**

For office use only:

Paid (date/amount/check#)

Sport #1 _____

Sport #2 _____

Sport #3 _____

Player / Parent Contract

PLAYER CONTRACT

By signing this form, I, _____ certify that I request to participate in the Athletic Program of Father Allouez Catholic School. I have read the **Athletic Program Policies and Procedures** and agree to follow them. I also understand the **Athletic Grievance Policy** included in this packet. I also accept the consequences stated of not obeying the policies.

Athlete Signature _____ Date _____

PARENT CONTRACT

By signing this form, I, _____ certify and give permission for the above named athlete to participate in the Athletic Program of Father Allouez Catholic School. I have read and discussed the policies given to my child and I release the coach, Athletic Directors, Director of Total Catholic Education, Father Allouez Catholic School, Resurrection Parish & St. Matthew Parish from all liability and waive any claims against them.

Parent Signature _____ Date _____



Keep the attached policies for your reference. Return this sheet no later than **May 29, 2018**, to the Father Allouez Catholic School Athletic Directors. **No athlete will be able to participate in the first or any subsequent games or practices until this form is returned.**