

Saint Joseph Athletic Association

Sports Registration Packet

To register your child for the 2010-11 sports season, please complete the following steps:

1. Read the attached information.
2. Complete the Registration Fee Form (one per family).
3. Complete the Athlete Registration Form (one for each child).
4. Complete the Athlete Medical Information Form (one for each child).
5. Enclose the \$50.00 per player non-refundable registration deposit; make checks payable to Saint Joseph School.
6. Enclose the Equipment/Maintenance Fee check postdated for May 1, 2011.
7. Return the completed forms and fees to the SJS Athletic Board c/o School Office by June 18th.

Sports Registration Deadline
June 18, 2010

Registrations received after deadline will be assessed a \$50.00 late fee.

Dear Parents,

Thank you for your interest in the St. Joseph Athletic Program. We are looking forward to the upcoming seasons of 2010-11 with anticipation and excitement. As you receive the registration paperwork, you will find that the costs for the SJS Athletic fees have not increased in several years. We are pleased to offer opportunities for all children to play at St. Joseph with reasonable fees.

As we enter into the 2010-11 athletic season, we are required to follow the Illinois School Code and the Diocese of Joliet policy regarding physical examinations for our athletes. Each athlete is required to complete a yearly physical examination and return the attached form to St. Joseph School to be a member of the SJS teams and participate in 3rd and 4th Grade Clinics. According to the law, the physical examination forms must be returned to St. Joseph School before any athlete may participate in practice or clinics or before the start of school.

Our Flag Football and Volleyball practices may begin as early as August 10th. Each athlete will need to complete the physical exam before attending practice. We encourage our families to take care of the physical examinations during the summer to make sure that each athlete is able to play at the start of the season.

We thank you for your attention to this matter. If we can be of any assistance, please contact our school office. Thank you in advance for your assistance.

Lynne Scheffler

St. Joseph Athletic Association Registration Fee Form 2010-11

Family Name: _____ Date: _____

1. Athlete's Name: _____ 2. Athlete's Name: _____

Grade 5 6 7 8

1st Sport _____ \$75.00
 2nd Sport _____ \$55.00
 3rd Sport _____ \$45.00
 Total _____

Grade 5 6 7 8

1st Sport _____ \$70.00
 2nd Sport _____ \$45.00
 3rd Sport _____ \$25.00
 Total _____

3. Athlete's Name: _____

Grade 5 6 7 8

1st Sport _____ \$65.00
 2nd Sport _____ \$35.00
 3rd Sport _____ \$25.00
 Total _____

Grand Total \$ _____

Deposit \$ _____
 *\$50 per Athlete

Balance Due \$ _____

___ I agree to pay a non-refundable \$50.00 per player Registration Deposit on or before June 18, 2010 and agree to pay the remainder of the registration fee by September 4, 2010. If final payment is not received by September 4, 2010, I agree to pay a \$50.00 late fee per athlete in addition to the balance of registration fees.

___ I agree to buy or sell a minimum of 7 CharityMania tickets per family by September 1, 2010 or agree to donate \$100.00 if I choose not to participate in the fund-raiser.

___ I prefer not to work concessions. I will pay \$150.00 per sport up to a maximum of \$300.00 per family at this time.

___ I agree to provide a check postdated May 1, 2011 in the sum of \$150.00 per sport with a maximum of \$300.00 per family. If I have not fulfilled the concession work commitment (minimum 10 hours, including regular and tournament games) and/or my child does not return his/her uniform in good condition, the Athletic Association will deposit my Equipment/Maintenance Fee check on or before May 10, 2011.

Signature of Parent/Guardian: _____ **Date:** _____

St. Joseph Athletic Association Athlete Registration Form 2010-2011

(Please fill out for each child)

Athlete's Name: _____ **Grade:** _____ **Date of Birth:** _____

Registering for: **Basketball** **Co-ed Volleyball** **Flag Football** **Volleyball**
Please circle choice(s)

I the parent/guardian, of above named athlete do hereby grant permission for their participation in sporting activities during the upcoming season. I assume all risks and hazards incidental to such participation including the transportation to and from activities, I hereby agree to hold harmless, defend and indemnify, St. Joseph Parish, St. Joseph School, St. Joseph Athletic Association, and Coaches for any negligence in transporting the athlete.

I the parent/guardian agree to be financially responsible for the equipment issued to the athlete and will reimburse the Athletic Association for the loss or damage, other than normal wear and tear, of said equipment.

I the parent/guardian grant permission to the coaching staff, to authorize and obtain medical care from any licensed physician, hospital, or medical clinic in the event of illness or injury while participation in sports when I'm not available to grant permission for treatment.

I the parent/guardian agree to waive any confidentiality claim to medical information or similar claim, arising out of information requested below and/or its use by St. Joseph Athletic Association, St. Joseph School their officers, agents or coaches.

I the parent/guardian recognize St. Joseph School requires all athletes to be medically insured before participation. The Athletic Association requires students participating in sports sponsored by SJS to be insured through family plans. All injuries should be reported immediately to the school office.

Parent/Guardian Signature: _____ **Date:** _____

Non-refundable Deposit Paid: _____ Cash _____ Check# _____ Medical Information Form(s) Received _____

Equipment/Maintenance Fee Check Received: _____ Received By: _____

**St. Joseph Athletic Association
Athlete Medical Information Form
2010-2011**

(Please fill out for each child)

Athlete's Name: _____ Grade: _____

Home Address: _____ City: _____ Zip Code: _____

Mother's Name: _____

Father's Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

Emergency Contact and relationship: _____ Phone: _____

Family Insurance Carrier: _____ Policy Number: _____

Physicians Name and Phone: _____

Medical Condition/Problems? Yes ___ If Yes , please list. No ___

Is the athlete taking any prescription medication? Yes ___ If Yes, please list. No ___

Parent/Guardian Signature: _____ Date: _____