



St. Gerard School Athletics

Dear St. Gerard 5-8 grade Parents:

Welcome to the St. Gerard Athletic Program. This is the registration form for your child to play **Volleyball for the 2016 Season**. The registration fee is \$145.00 and will be collected in two separate checks of \$45.00 and \$100.00. The \$100.00 check will not be cashed but held until you fulfill your scheduled assignments of working 2 concessions and/or admissions shifts. Sign-up sheets are at the admission table during all of the Volleyball matches, as well as the Parent meeting, and on line. It is **Your Responsibility** to schedule a time to work. Should you not work your assigned time(s); the \$100.00 check will be deposited by our Treasurer. Please check the appropriate box below.

1. I will work admissions and /or concessions or gym set up/cleanup to receive my \$100.00 check back.
2. I do not wish to work. You may deposit the \$100.00 check now.

Please make checks payable to: ST. GERARD ATHLETICS.

Because of eligibility requirements we need to know: PARISHIONER, (YES - NO)

School _____ Religious Ed _____ GRADE _____

PLEASE REMEMBER: There is a \$10.00 late fee charged to all registrations received after the registration date for that sport

Go Falcons

Student/Player Name _____ Gender M F Grade _____

Parent/Guardian Name _____ Phone Number _____

I am willing to Head Coach _____ Assistant Coach _____ Help with Skills Clinics _____

E-Mail Address _____ for coaches to contact.

Is there any information a doctor should know to treat your child? _____

Date of Last Tetanus Shot _____

Name of Medical Insurance _____ Policy Number _____

Name of Family Doctor _____ Telephone Number _____

In case of an emergency, I give my permission to a doctor and trained medical personnel to treat my child.

Parent/Guardian Signature _____ Date _____