

PLEASE RETURN THESE FORMS AT SKILL TESTING

Dear Parents,

Welcome to the St. Gerard Athletic Program. This is the sign up letter for your child to play **Baseball**. The registration fee is \$70.00 and will be collected in two separate checks of \$35.00 each. One of the \$35.00 checks will not be cashed but held until you fulfill your scheduled assignments of working concessions and/or admissions. Sign-up sheets are at the concession booth and at the admission table during all of the Volleyball matches. It is **your responsibility** to schedule a time to work. Should you not work your assigned time(s); the \$35.00 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 \$35.00 check back.
2. () I do not wish to work. You may deposit the \$35.00 check now.

Please make checks payable to: ST. GERARD ATHLETICS.

Because of eligibility requirements we need to know: PARISHIONER (YES - NO)
SCHOOL _____ CCD _____ GRADE _____

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

STUDENTS NAME _____ BIRTHDATE _____

MOTHER'S NAME _____ PHONE _____

FATHER'S NAME _____ PHONE _____

E-MAIL ADDRESS _____

I AM INTERESTED IN BEING A () COACH () ASSISTANT COACH.

MEDICAL RELEASE FORM

In order to insure prompt medical care in case of an emergency, THIS FORM MUST BE SIGNED. Without this permission we are unable to have son or daughter treated.

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

1. Date of last Tetanus shot: _____

2. Name of Medical Insurance: _____

3. Policy Number: _____

4. Name of Family Doctor: _____ Phone _____

In case of an emergency, I give my permission to a doctor and trained medical personnel to treat my son or daughter's injury.

PARENTS SIGNATURE: _____

EMERGENCY PHONE NUMBER: _____