

SAINTS ATHLETICS PROGRAM

REGISTRATION FORM

Church of Saint Philip & Saint James

Soccer Cheerleading Basketball Softball Baseball

REGISTRATION FEES:

Pre K through Grade 2: \$25

Grades 3 & 4: \$40

Grades 5-8: \$45

This registration form must be completed, signed and returned with the applicable fee, payable to SPSJ ATHLETICS, before a player can be added to a team roster. Please return to the attention of SPSJ ATHLETICS, C/O STS. Philip & James School 137 Roseberry St. Phillipsburg NJ 08865 or return to SPSJ ATHLETICS, C/O Church of St. Philip & St. James 430 S. Main St. Phillipsburg, NJ 08865

PARTICIPANT'S NAME: _____

Birth Date: ___/___/____ Sex: _____ Grade___ (at time sport begins)

PARENT/GUARDIAN: _____

Home Phone:_____ Cell Phone:_____

E-mail Address:_____

Home Address:_____

CHILD'S HEALTH INSURANCE

Company: _____

Policy Number: _____

Special medical concerns, (bee sting allergy or dietary allergy) __Yes __No

If yes, please describe _____

RELEASE STATEMENT

(Parent or Guardian please read carefully and sign below)

I request that my son/daughter participate in the above described activity of the Church of St. Philip & St. James. Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the above named Church to act on my behalf and approve appropriate treatment. I specifically waive claim or claims that may be derived from any accident or injury sustained by my son/daughter en route to, during and returning from practices or games of this program. I understand that should my child need to wear eyeglasses to practice or games, that I will provide the proper protective eyewear. I further indemnify and save harmless the Church of St. Philip & St. James, Diocese of Metuchen, their staff and all adult supervisors and coaches working on their behalf. I DO ___ DO NOT___ give permission for my child to be photographed/video taped for publication. I have received a copy of the Saints Athletics Program by-laws and agree to abide by them for as long as my child is a member of any of the Church's programs.

SIGNATURE: _____ **DATE:** _____

Yes; I am interested in **COACHING** **ASST COACH** **CONCESSIONS**