



St Agnes School - Sports Program Registration



Student Name	Grade	Home phone
Parent/Guardian Names		Cell phone
Address		Email address
Emergency contact	Relationship	Emergency phone

Registration Fee: **\$45.00** for students in grades PreK 4 -1st
\$60.00 for students in grades 2nd & 3rd
Please make checks payable to **St. Agnes Sports**
\$80.00 for students in grades 4-8

Above fees allow the student to participate in all sports for the school year. Please check off all boxes of each sport that your child will be participating in for the school year.

Instructional Volleyball 3-4 Season August - November	<input type="checkbox"/>	Jr. Ravens Basketball 3-4 Season Dec - Feb	<input type="checkbox"/>	JV Cheerleading 3-5 Season Dec - Feb	<input type="checkbox"/>	Girls Varsity Softball 6-8 Season April - June	<input type="checkbox"/>
Girls JV Volleyball 5-6 Season August - November	<input type="checkbox"/>	Girls JV Basketball 5-6 Season Oct - Feb	<input type="checkbox"/>	Varsity Cheerleading 6-8 Season Dec - Feb	<input type="checkbox"/>	Boys Varsity Baseball 6-8 Season April - June	<input type="checkbox"/>
Girls Varsity Volleyball 7-8 Season August - November	<input type="checkbox"/>	Boys JV Basketball 5-6 Season Oct - Mar	<input type="checkbox"/>	Twirling - K - 8 Season Dec - Feb	<input type="checkbox"/>	Instructional Soccer Pre-K4-8 Season Fall (Oct-Nov)	<input type="checkbox"/>
Instruct. Basketball Pre-K4-2 Season Jan-Feb	<input type="checkbox"/>	Girls Varsity Basketball 7-8 Season Oct - Mar	<input type="checkbox"/>			Instructional Soccer Pre-K4-8 Season Spring (May-June)	<input type="checkbox"/>
2nd Grade Basketball Season Dec - Feb	<input type="checkbox"/>	Boys Varsity Basketball 7-8 Season Oct - Mar	<input type="checkbox"/>				

My child has my permission to engage in the sports programs at St. Agnes School noted above, including the CYO or Surburban League levels and any invitational tournaments in which the school participates.

Date	Parent/Guardian Signature
------	---------------------------

I give my permission for my childs picture to be utlized on the St Agnes School website under the sports section

Circle Yes No

Date	Parent/Guardian Signature
------	---------------------------

I have completed the Medical form (separate attachment) and have attached it to this form **Circle Yes No**

The Sports Committee is always in search for good coaches that will teach and encourage our athletes to have good sportsmanship.

If you are interested in coaching, please let us know here as well as fill out the Coaches Application form located on the website.

The St Agnes Sports Program holds two basketball tournaments a year (November & March). All parents that have a child in the sports program will be required to work one or both of these tournaments. The money obtained is used to offset costs for our sports program.

Initials and Date

For more information visit our website www.stagnesschool.com

Revised: May 23, 2011

Supercedes: October 14, 2010

St Agnes Sports Emergency/Medical Information



2011-2012 sports season

Child's name:	
Age:	
Date of birth:	

Medical conditions:	
Allergies:	
Current medications:	

Insurance Carrier:	
Family doctor:	
Doctor's phone:	

Parent's/guardian's name:	
Home phone:	
Work phone:	
Cell phone:	
Alternate contact's name:	
Home phone:	
Work phone:	
Cell phone:	
Alternate contact's name:	
Home phone:	
Work phone:	
Cell phone:	

Health Notes:		
Home Address:	email address:	
City:	State:	Zip Code:
MEDICATIONS:		
LAST TETANUS SHOT:		
ALLERGIES:		
FOODS:	ANIMALS/BEE STINGS:	
ASTHMA:	EXERCISED INDUCED:	INHALER:
DIABETES:	EPILEPSY:	HEART DISEASE
A.D.D./A.D.H.D.:	MEDICATION:	
VISION:	CONTACTS:	GLASSES
OTHER:		
I GIVE PERMISSION FOR MY CHILD TO BE TREATED OR TRANSPORTED BY MEDICAL OR EMERGENCY PERSONNEL IF NEEDED:		
PARENTS SIGNATURE:	Circle: Yes	No

A new Emergency Contact sheet must be submitted yearly, and every time information changes.

Revised: July 29, 2010 - Supersedes July 12, 2010