

St. Mary School/St. Peter Parish CYO Fall Sports Registration

"Home of the Mountaineers"

Eligibility Note: CYO Soccer Players CANNOT PLAY on/for another Soccer Team and CYO Volleyball Players CANNOT PLAY on/for another Volleyball Team during the entire CYO season.

_____ Boys Soccer _____ Girls Soccer _____ Girls Volleyball

PHYSICALS - Required yearly to monitor your child's health. Physicals administered after April 15th of last school year qualify for this current school year. Physician notes are acceptable dated after April 15, 2016. Players may not participate until Physical is on file with the St. Mary Athletic Director.
It is recommended to arrange for yearly physicals from June 15th - July 30th!

Student's Name _____ Grade _____

Sport Experience: _____ None/Beginner _____ Some/Recreation _____ CYO/Club

Parent/Guardian(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Child's Date of Birth _____

C# Mom _____, C# Dad _____

Parents Home E-mail: _____

Church of Baptism _____ School _____

Registered Parish _____ Religious Ed. Enrolled Parish _____

*In order to adhere to the St. Mary Grade & Citizenship Policy, I understand that the Athletic Director will be provided a copy of my child's report card under the direction of the St. Mary Principal for purposes of reviewing and monitoring educational progress. Religious Education students will and are responsible for providing the Athletic Director with a copy of their report card also.

I understand that it is my responsibility to submit a copy of my child's current Physical Exam and Assumption of Risk forms to Athletic Director before participation is permitted.

Any health restrictions that Athletic Staff need to be aware of: _____

Parent/Guardian Signature _____ Date _____

Yes, _____ I am interested in Coaching CYO Sports: Level 5/6 _____ Level 7/8 _____

Coaching: _____ Boys Soccer _____ Girls Soccer _____ Girls Volleyball

Return Forms with \$100.00 Registration Fee Check Payable to: St. Mary School

Athletic Program Use Only

Assumption of Risk Form _____ 2 Physical Forms _____ Fee _____

Amount Paid: \$ _____ Cash: \$ _____ Check # _____ Date _____