

ST. MARY, M.C. SCHOOL

GR. 1-4 CO-ED INDOOR SOCCER REGISTRATION DIRECTIONS

Fall Session – Winter Session

Indoor Soccer Registration Checklist:

_____ Completely fill out and sign the Registration Form.

_____ Completely fill out the Assumption of Risk Form with parent signature. (Risk Forms Must be re-submitted every session.)

Both Forms MUST be on file prior to participating in the program.

_____ Check made payable to: **St. Mary School**

Note: The \$100.00 Registration Fee is **non-refundable** once teams are established.

- Label the envelope according to the specific Sports Season; *Fall Indoor Soccer Registration or Winter Indoor Soccer*
- Submit your child's Assumption of Risk form.
- Submit completed registration form(s) with fee/gift certificate.

_____ **PLACE ALL DOCUMENTS, FEE/GIFT CERTIFICATE IN A SEALED ENVELOPE.**

Return Indoor Soccer Registrations to:

St. Mary School Office

If sending in cash, it is in the parent's best interest to personally return the registration packet and fee to the School Office in an envelope.

Thank you!

Mary Hughes, A.D.
Donna Reynolds, Indoor Soccer Coordinator

St. Mary School Indoor Soccer Registration

"Home of the Mountaineers"

****PHYSICALS*– Are not required for “Indoor Soccer Participants” but yearly health/wellness exams to monitor your child’s health is recommended. Participants with ASTHMA are required to have their inhalers with them at all times to ensure health and safety. Indoor Assumption of Risk Forms on file Required.***

Gr. 1-4 Co-Ed Indoor Soccer at Total Soccer, Fraser

Gr.1-2 Friday Games & Gr. 3-4 Monday Games

Fall Session _____ (Games begin in October, practices start after Labor Day)

Winter Session _____ (Games begin New Year’s week)

Student’s Name _____ Grade _____

Sport Experience: _____ None/Beginner _____ Some/Recreation _____ Indoor

Parent/Guardian(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Child’s Date of Birth _____

Mom C# _____, Dad C# _____

Home E-mail address for communications: _____

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

Parent/Guardian Signature: _____ Date _____

_____ I am interested in Coaching Indoor Soccer. _____ Gr. 1-2 _____ Gr. 3-4

****We need Parent involvement to coach-manage this program for league entry.***

Youth T-Shirt Size: S M L XL Adult Coach T-Shirt Size: _____

***Registration Fee \$100.00 Check Payable to: St. Mary School**

Return to: St. Mary School Indoor Soccer, 2 Union St., Mt. Clemens, MI 48043

SMS Indoor Soccer Program Use Only

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

Risk Form: _____ Fee: _____ Team Placement: _____

ATTENTION INDOOR SOCCER ATHLETES AND PARENTS/GUARDIANS

ATHLETE'S NAME: _____ GRADE: _____ SPORT: INDOOR SOCCER
ADDRESS: _____ CITY: _____ ZIP: _____

ASSUMPTION OF RISK -- PROOF OF INSURANCE:

The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

I _____ (Student athlete) have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury. _____ (Date)

I hereby consent to participation by my child, _____, in the sport described above. In consideration of my child being allowed to participate in this sport, I hereby agree on behalf of myself and my child, to release St. Mary Catholic School and/or St. Peter Parish of Mount Clemens, the Roman Catholic (Arch) diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives (Releases), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release of indemnification apply to the extent of commercial insurance coverage for any claim, but this Release of Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury and agree to sign below.

The student is covered by an insurance policy in effect for the school year:

_____	_____	_____
Parent/Legal Guardian	Parent/Legal Guardian	Date
_____	_____	
Name of Insurance Company	Policy or group number	(Contact Athletic Director ASAP if no policy exists)

EXPECTATIONS IN EDUCATIONAL ATHLETICS:

The administration and staff of our parish/school, the Indoor Soccer Catholic School League parishes/schools wish to make it clear that Indoor Soccer is an educational activity. Athletes, parents and friends must be aware of our school's expectations with regard to sportsmanship.

Unlike professional sports, as a spectator at an athletic event, you are a part of the activity, much like the athletes, coaches and officials. **As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending Indoor Soccer athletic events.**

- It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the game to administer these educational activities.
- At all times it is expected that we will respect one another; adults and students alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Student Athlete and Parents/Guardians that they have read and understand the above.

_____	_____	_____
Student-Athlete	Parent/Guardian	Parent/Guardian

This form is to be kept on file at St. Mary School, Mount Clemens. A new form must be filed each school year. The form must be submitted to by the parents/guardian to the Athletic Director before the start of the season.