



St. Bernards 2nd grade soccer registration



Childs NAME	Grade 2 Soccer

2018 Soccer Registration

Child(ren)'s Last Name: _____ Grade(s) (2017-18) _____

Name of Parent(s) / Guardian(s) _____

Parents Home Phone _____ Cell Phone _____

Street _____ City, Zip _____

Email: _____

Total # of 2nd gr Players	
\$75 per child	x \$75
Total Fees DUE	
* NOT to exceed \$600 per family for ALL sports the whole school year	

READ AND SIGN THIS FORM
 For your child to rostered and begin practice parents must:
 1) Complete Registration
 2) Appropriate Fees are remitted **PRIOR** to first practice
 3) "Permission to participate in Athletics"
 Physicians release form turned into school office. Email questions to:
 stbernardathletics@gmail.com

Registration, fees and physicals forms **MUST** be returned to the St. Bernards School Office to the attention of "STBAA". Additional Physical forms are available in School office and at www.stbschool.net

Commitment – Acknowledgment

The Mission of the St. Bernard School Athletic Association (SBSAA) is to Provide quality sports programs for all students who wish to participate, regardless of experience, ability, or knowledge of the game, subject to funding and personnel availability. Objectives focus on providing students with positive Christian athletic experience through instruction, development, practice, and game participation, concurrent with providing a reasonably competitive representation of the School at all relevant program levels. It is the express intent of the Sports Program Policy (including Coaches & Parents' Codes of Conduct) to provide direction to the various members of the SBSAA – program coordinators, coaches, parents and student-athletes. Parents and coaches are encouraged to review this Policy and share it with their children in order to enhance the experience of all participants in SBSAA sports programs.

I/we have reviewed the requirements of the Sports Program Policy (including Parents' & Coaches' codes of Conduct), and hereby agree to abide by such standards, policies and procedures as are described. Further, I/We may be subject to penalties if I/We violate any provisions of the same.

Name: _____ / _____ Parent(s) /Guardian(s) _____ Date _____