



## SPORTS REGISTRATION 2013-2014

Child's Name: (Last) (First) (MI) \_\_\_\_\_ Grade in 2013/2014: \_\_\_\_\_  
 \_\_\_\_\_ Male/  
 \_\_\_\_\_ Female  
 \_\_\_\_\_ Birth date: \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ City State Zip \_\_\_\_\_  
 \_\_\_\_\_ E-mail Address(es) \_\_\_\_\_

School Attending in 2013/2014 \_\_\_\_\_ City: \_\_\_\_\_  
 (Non-St. Alphonsus students must be registered and active in St. Alphonsus Christian Formation Program in order to participate)

I hereby give my permission for the student named on this form to practice, compete and represent the St. Alphonsus Athletic Association sports program. I am fully aware of my commitment and responsibilities involved as a parent/guardian and my child's responsibilities as a participant of the St. Alphonsus Athletic Association. I agree to be financially responsible for the clean and safe return of all athletic equipment and uniforms issued. I understand each family participating in the program is requested to either volunteer in one of the coordinator roles required by the program or provide a minimum number of eight volunteer hours for concessions and/or other duties during the school year.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Siblings in our Program: \_\_\_\_\_

Sports Dry-Fit Shirt Size: Adult M Adult S Youth XL Youth L Youth M

All sports below are available to Boys and Girls. Based on interest, merging with another school's team may occur.

**FEE SCHEDULE**

\$ _____ Volleyball <b>on/before May 15<sup>th</sup></b>	\$ 60
\$ _____ Volleyball <b>after May 15<sup>th</sup></b>	\$110
\$ _____ Football <b>on/before May 15<sup>th</sup></b>	\$150 Please wait to pay this football fee only until we have informed you.
\$ _____ Basketball <b>on/before Sept 15<sup>th</sup></b>	\$ 75
\$ _____ Basketball <b>after Sept 15<sup>th</sup></b>	\$125
\$ _____ Track <b>on/before Feb 1<sup>st</sup></b>	\$ 30
\$ _____ Optional Volunteer Waiver fee - <b>per family (*)</b>	\$100
\$ <u>100</u> Raffle - <b>per family</b>	\$100
\$ _____ <b>Total</b>	

<b>Office Use Only</b>	
Volleyball	\$ _____
Football	\$ _____
Basketball	\$ _____
Track	\$ _____
Raffle \$100 per family	\$ _____
Volunteer Fee - Opt	\$ _____
Late Fee	\$ _____
<b>Total</b>	\$ _____
CASH	CHCEK # _____
Financial DB _____	Date _____
Participant DB _____	Date _____
<b>FORMS</b>	
Registration .....	<input type="checkbox"/>
Medical and Emergency.....	<input type="checkbox"/>
Risk and Consent.....	<input type="checkbox"/>
Concussion.....	<input type="checkbox"/>
Sportsman Pledge.....	<input type="checkbox"/>
Physical.....	<input type="checkbox"/>

Please make checks payable to: **ST. ALPHONSUS ATHLETIC ASSOCIATION**

(\*) IF A FAMILY IS UNABLE TO FULFILL ITS VOLUNTEER HOURS OR FILL A VOLUNTEER POSITION, THIS FEE WILL BE USED TO OFFSET ADDITIONAL COSTS INCURRED BY THE ASSOCIATION TO FILL THESE VOLUNTEER HOURS.

**Please email completed forms to karl.theile@twcable.com or mail to:**  
**St. Alphonsus, 6060 W. Loomis Rd., Greendale, WI 53129, Attn: SAAA - Treasurer**

*NOTE: DUE TO LEAGUE COMMITMENT REQUIRED, THE SAAA IS UNABLE TO REFUND FEES AFTER THE REGISTRATION DEADLINES OF MAY 15<sup>th</sup> (FALL SPORTS), SEPTEMBER 15<sup>th</sup> (BASKETBALL) AND FEBRUARY 1<sup>st</sup> (TRACK)*