

Saint Benedict Catholic School Sports Registration Form

Hello SBCS Parents,

We are excited to announce that our school will be participating in the CYO (Catholic Youth Organization) Sports Program for the 2018/2019 school year! Thanks to each of you for your feedback, suggestions, and for your participation in the school survey (final SBCS parent tally was 70% in favor of transition to CYO). We are hopeful that this will be a wonderful experience and transition for all of our student athletes!

Below you will find the various [FALL](#) sports offered through CYO and their corresponding registration fees. In order to accurately gauge whether we will have enough students to fulfill the teams, we ask that you fill out the registration form (on back) and return with the CYO fees [no later than June 22nd](#) (after this date a \$10 post registration fee will be added).

CYO [Fall](#) Sport Options (please only choose one per athlete)

- Flag Football (co-ed boys/girls grades 1-2) - Fall - \$80
- Football (boys grades 3-8) - Fall - \$80
- Soccer (co-ed, grades 1-8) - Fall - \$75
- Volleyball (girls grades 5-8) - Fall - \$75
- Cheerleaders (grades 1-8) - Fall at Football games \$30

Participants will incur uniform costs and any other applicable sports' fees in the Fall. Basketball (boys grades 2-8 and girls grades 2-8) will be offered in the Winter. Baseball will continue to operate through the Elberta City League.

NOTE: Registration for Basketball (Winter) and Soccer (Spring) will occur later in the school year.

If you have any questions, contact our SBCS Athletic Director, Cookie Krehling, at ckrehlingsbcs@gmail.com. Please make check payable to **SBCS** and mail to **St. Benedict Catholic School 12786 Illinois St. Elberta, AL 36530**.

Go Ravens!

SBCS Athletic Committee

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Name (that appears on birth certificate) _____
 Name player goes by (if different then above) _____
 Age _____ Date of Birth _____ Male ___ Female ___ Grade _____
 Parents _____
 Address _____
 Home Phone _____ Cell Phone _____ Work _____
 Email Address _____
 Previous Experience? (yes) (no) Number of seasons played? _____ Last year played? _____
 Sport to be played: _____

Medical / Accidental Insurance YES ___ NO ___ Name & Number of Preferred DR _____
 Name of Insurance Carrier _____ Policy # _____
 Any **HEALTH** situations should be noted so adequate precautions can be taken, please note any allergies, **including food allergies**.

All Players must be insured to play.

Circle CHILD or ADULT next to appropriate size for both shirt and short.

Shirt Size	Shorts Size
Child / Adult SMALL	Child / Adult SMALL
Child / Adult MEDIUM	Child / Adult MEDIUM
Child / Adult LARGE	Child / Adult LARGE

Student Agreement/Code of Conduct: While participating in a school sponsored event I will accept responsibility for maintaining good conduct and appearance. I will listen attentively, follow directions and be respectful to everyone. I understand and accept that all school and parish rules and disciplinary actions apply to this trip. My parent(s)/guardian(s) and I have discussed this code of conduct for the school sponsored event. * Participant's Signature: _____ Date: _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (name of parish/school/institution) _____, its officers, directors, employees, coaches and agents, and the Archdiocese of Mobile, its employees and agents, chaperones, coaches or representatives associated with the event, from any claim arising from or in connection with my child attending the sporting event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school/institution, its officers, directors, coaches and agents, and the Archdiocese of Mobile, its employees and agents and chaperones, coaches or representative associated with the event for reasonable attorney's fees and expenses that may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/institution/archdiocese * Signature: _____ Date: _____

PLEASE MAKE ALL CHECKS MADE PAYABLE TO ST. BENEDICT CATHOLIC SCHOOL

Date of Payment _____ Amount _____ Payment type: Cash _____ Check _____ Check # _____
 Number of Children Playing _____ Payment Received By _____ Date _____