

St. Ambrose Athletic Association Registration Form

2011 Soccer Registration Form

\*\*\*Please Print Legibly\*\*\*Please Print Legibly\*\*\*Please Print Legibly\*\*\*

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_
Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_
Birth Date: \_\_\_\_\_ Phone #: \_\_\_\_\_
Gender: \_\_\_\_\_M \_\_\_\_\_F Grade CURRENTLY \_\_\_\_\_
Parish of Registration: \_\_\_\_\_ School Attending: \_\_\_\_\_
Parish of Residence: \_\_\_\_\_
Parent's Names: \_\_\_\_\_ Phone #: \_\_\_\_\_
\_\_\_\_\_ Phone #: \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
Email Address \_\_\_\_\_
List any medical conditions of the child: \_\_\_\_\_

\$15.00 Registration Fee per child IF PAID BY May 16, 2011 \_\_\_\_\_

\$30.00 FOR ALL REGISTRATIONS PAID AFTER May 16, 2011 NO EXCEPTIONS

\*\*\*\*\*\$30.00 Charge on all returned Checks\*\*\*\*\*

TOTAL FEES INCLUDED: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

I would like to coach \_\_\_\_\_
My child also plays select/club soccer during the season \_\_\_\_\_

I agree to return all uniform items in good condition, or will pay to replace items at \$50 each. This represents the Uniform Return Agreement listed on the association web site.

NOTE: There exists the possibility that for any particular grade in any sport that we do not have enough athletes registered to field a complete team. When this occurs, the Athletic Association has the option to place athletes on teams from neighboring parishes. If this instance occurs with your athlete, please indicate below your preferences:
\_\_\_\_\_ YES indicates that the Athletic Association may place the athlete on another team with a neighboring parish.
\_\_\_\_\_ NO indicates that if St. Ambrose is unable to field a complete team, the athlete does not wish to participate in this sport for this season.