## **Sacred Heart Sports Registration 2005-2006**

raility Last Name				
Parents'/Guardian's Names:				
1. (Student name)		ge) (Grade)	<u>Male Female</u> (Circle one)	
Sport (please circle): Cross Country	Volleyball	Basketball (3-8)	Basketball (K-2)	
2. (Student name)		ge) (Grade)	Male Female (Circle one)	
Sport (please circle): Cross Country	Volleyball	Basketball (3-8)	Basketball (K-2)	
3. (Student name)	(Ag	ge) (Grade)	Male Female (Circle one)	
Sport (please circle): Cross Country	Volleyball	Basketball (3-8)	Basketball (K-2)	
	Registrat	ion Fees		
Cross Country (5-8) \$30 Volleyball (5	5-8) \$30 Bask	xetball (3-8) \$55*	Basketball (K-2) \$30	
*Family discount: Two players, \$90; The	ree players \$110.			
If a uniform is issued to a student for a sto cover the cost of the uniform.	port, it must be tu	rned in at the end of th	ne season or a fee will be assessed	
Total Paid: Check number:		Cash		
Parent/Guardian Signature:		Today's	Today's Date:	

EVERY ATHLETE MUST HAVE A COMPLETED, CURRENT PARENT RELEASE FORM, EMERGENCY INFORMATION FORM, AND PHYSICIAN'S RELEASE FORM IN ORDER TO PRACTICE OR PLAY. THESE ARE ABSOLUTE DIOCESAN AND SCHOOL REGULATIONS AND THERE WILL BE NO EXCEPTIONS. Completed forms and payment must be turned in to the school office by August 29 in an envelope marked Athletics, or no later than the first practice if your child is to participate in his/her sport.

It would help us keep registration simpler for everyone if all forms are returned early. However, payments may be made by the first practice, and Physician Release Forms (if current within one year) can be updated during the next checkup and returned to school as soon as possible.