

St. Bernadette – Parents’ Athletic Association 2011-2012 Registration Form

Family Name: _____ Parent’s Names: _____

Address _____ Ph: (____) _____

(include city & zip if not E.P): _____ E-mail: _____

Note: All REP participants MUST be registered in REP to be eligible.

PLAYER’S NAME	GRADE	DATE OF BIRTH	SPORTS/ACTIVITIES (PLEASE LIST ALL)	REP

Sport/Activity	Fee	K	1	2	3	4	5	6	7	8	Total
Kindergarten Soccer	\$50.00		/	/	/	/	/	/	/	/	
1 st - 4 th Co-ed Soccer	\$60.00	/					/	/	/	/	
5 th - 8 th Co-ed Soccer	\$85.00	/	/	/	/	/					
4 th - 8 th Cheerleading	\$35.00	/	/	/	/						
4 th - 8 th Football	\$115.00	/	/	/	/	/					
4 th - 8 th Girl’s Volleyball	\$85.00	/	/	/	/						
4 th - 8 th Boy’s Volleyball	\$35.00	/	/	/	/						
4 th - 8 th Girl’s Basketball	\$100.00	/	/	/	/						
4 th - 8 th Boy’s Basketball	\$100.00	/	/	/	/						
3 rd Boy’s Basketball	\$45.00	/	/	/		/	/	/	/	/	
8 th Golf	\$20.00	/	/	/	/	/	/	/	/		
4 th - 8 th Track & Field	\$60.00	/	/	/	/						

Add All Fees OR Family Maximum (\$325.00): _____

Mandatory Facility Maintenance Fee (\$15.00): \$15.00

TOTAL AMOUNT DUE:

Half of total amount due must be paid at registration (if registering for more than one sport)

Amount Paid at Registration: _____ Ck# _____ Balance Due _____

Volunteer and uniform deposit (\$100.00) Ck# _____ Date _____ Received by: _____

**St. Bernadette School – Parents Athletic Association
2011-2012 Sports & Activities Insurance Release Form
USE ONE FORM FOR EACH PLAYER**

Date: _____

Player Information

Player's Name: _____ Grade: _____

Activities: _____

Statement & Signature

- As the parent (or guardian) of the above named child, I agree to release St. Bernadette Parent Athletic Association from any and all responsibility concerning our child.
- I further understand that the St. Bernadette Parent Athletic Association is unable to offer any insurance and that I, the parent (or guardian), must have health insurance covering my child.
- I assume all risks and hazards incidental to participation in the above listed activities, including transportation to and from activities.

Parent (or guardian) signature: _____ Date: _____

Parent (or guardian) signature: _____ Date: _____

Insurance Information

Policyholder's Full Name:

_____ Last First M.I.

Address: _____ Phone: _____

City, State, Zip: _____

Insurance Company: _____

Policy Group Number: _____

Please inform your child's coaches of any changes in insurance during the academic year.