

**ST. MADELEINE SOPHIE SCHOOL
2008-2009 CYO SPORTS
Grades K - 8**

INFORMATION:

It is our goal to provide as many opportunities as possible for our students and families to play CYO sports. When the number of interested students in a particular grade and sport are sufficient, we will field our own team. Where that is impossible, we'll work with our neighboring parish schools to secure placement on their existing teams. The key is knowing, **IN ADVANCE**, which avenue we must pursue.

Please complete the registration form and indicate for each child, their area(s) of interest. We will use this information to prepare our sports program for the coming school year. More specific information will be sent home before each sport starts.

FEE:

Each player must pay an athletic participation fee for each sport. The fee covers team registration, uniforms, and gym/field rental time. We will keep this fee as nominal as possible once the amount is known. We anticipate the fee will run between **\$30 and \$90** depending on the sport itself, the number of our students playing that sport, and whether or not we have our own SMS team(s). Please do not send any money with this form; the fees will be collected prior to the beginning of each sport's season.

If you are interested in coaching or serving as one of the sports commissioners, please indicate below. We really appreciate your willingness to help. Without our volunteers, we would be unable to field a team. Please note that we will provide all equipment and coaching resources, if needed.

Coaches:

Name	Phone #	E-mail
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Sports Commissioner:

Sport

Name	Phone #	E-mail
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**ST. MADELEINE SOPHIE SCHOOL
2009-2010 CYO SPORTS
Registration Form
Grades K - 8**

_____	_____	_____	_____
Child's Name	Gender	Grade	Date of Birth
	_____	_____	_____
	School		Catholic Y/N
_____ Soccer (K-8)	_____ Track & Field (4-8)		
_____ Cross Country (K-8)	_____ Baseball (5-8)		
_____ Basketball (4-8)	_____ Volleyball (5-8)		

_____	_____	_____	_____
Child's Name	Gender	Grade	Date of Birth
	_____	_____	_____
	School		Catholic Y/N
_____ Soccer (K-8)	_____ Track & Field (4-8)		
_____ Cross Country (K-8)	_____ Baseball (5-8)		
_____ Basketball (4-8)	_____ Volleyball (5-8)		

_____	_____	_____	_____
Child's Name	Gender	Grade	Date of Birth
	_____	_____	_____
	School		Catholic Y/N
_____ Soccer (K-8)	_____ Track & Field (4-8)		
_____ Cross Country (K-8)	_____ Baseball (5-8)		
_____ Basketball (4-8)	_____ Volleyball (5-8)		

PARENTAL CONSENT, RELEASE, HOLD HARMLESS

I/We, the parent(s), of the above named students, have read and understand the information on the reverse side of this form and hereby give my/our approval to his/her/their participation in any and all of the activities of the St. Madeleine Sophie CYO program during the 2009-2010 season. I/We do further release, absolve, indemnify and hold harmless St. Madeleine Sophie Parish, the organizers, sponsors, supervisors and coaches, any and all of them. In case of injury to my/our child, I/We hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any persons transporting my/our child to or from the activities.

Parent/Guardian Signature

Date

Phone #

Alternate Phone #

E-mail

Parish

Address

City

Zip

Contact

Emergency

Phone #

Alternate Phone #