

St. Apollinaris School
3700 Lassen St.
Napa, CA 94558

ATHLETICS REGISTRATION FORM

SCHOOL YEAR: 2017-2018

SPORT: (Please circle one only) VOLLEYBALL BASKETBALL TRACK GOLF CHEERLEADING

CHILD'S NAME _____ GRADE _____ M F

ADDRESS _____ CITY _____ ZIP _____

PARENT(S) NAME _____ DAY PHONE _____

E-MAIL _____

ALTERNATE CONTACT _____ PHONE _____

CHILD'S DOCTOR _____ PHONE _____

CHILD'S DENTIST _____ PHONE _____

MEDICAL INSURANCE _____ POLICY # _____

MEDICAL RESTRICTIONS/REQUIREMENTS _____

SHIRT SIZE: (Circle one) YOUTH SMALL YOUTH MEDIUM YOUTH LARGE
ADULT SMALL ADULT MEDIUM ADULT LARGE

SHORT SIZE: (Circle one) YOUTH SMALL YOUTH MEDIUM YOUTH LARGE
ADULT SMALL ADULT MEDIUM ADULT LARGE

FEES: VOLLEYBALL - \$75.00 BASKETBALL - \$90.00 TRACK - \$45^(New Uniform) \$35^(No Uniform)
GOLF- \$100.00 CHEERLEADING – Uniform Cost Only

PLEASE INCLUDE A CHECK MADE PAYABLE TO **ST. APOLLINARIS ATHLETICS** IN THE AMOUNT INDICATED FOR THE ABOVE DESIGNATED SPORT.

I/We, the undersigned, as parents of _____ do hereby consent to release St. Apollinaris School of Napa, CA and any and all of its agents from any liability arising out of or in any manner related to my/our child's participation in the above designated St. Apollinaris School sport.

Emergency Authorization Form

Pursuant to the provisions of Section 28.8 of the California Civil Code, I hereby authorize Mrs. Connie Howard and/or staff or coaching member at St. Apollinaris School as agent(s) for myself to procure medical, hospital, or dental care for my child in the event of injury or illness while the child is in the care of the above named adults. I understand and agree that I am financially responsible for any care so procured. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority on the part of my agent(s) to consent to such medical care, should it become necessary in an emergency.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY: Charge Card _____ CHECK # _____ FORM REC'D _____ DATE: _____ BY _____

Athletic Participation Permission Slip (cont'd)

St. Apollinaris School
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CSL After School Sports Program Registration

“The Philosophy of the Catholic School League is to provide the students that attend St. Apollinaris School, the chance to learn and develop skills in the sports that are sponsored. The student athletes and their adult supporters are given the opportunity to interact with their school peers, parish community, as well as other schools and parishes.”

Signature Required by Parent & Athlete

We, the athlete and the parents/or guardians understand and agree to:

- Attend all practices and games, unless a reasonable valid excuse such as illness or injury.
- Agree to conduct ourselves in a good sportsmanship like manner at all times towards our teammates, coaches, officials, and opponents.
- We understand that poor sportsmanship **IS NOT** acceptable and removal from the team may be the result.
- Parents are responsible for transportation for their student athlete to and from practices, league games and events. Participation in the CSL requires traveling throughout Napa, Sonoma, and Mendocino Counties.
- It is the responsibility of the parents/guardians to have sufficient auto insurance when transporting your own and/or other participants to and from practices, league games and events.

St. Apollinaris School may have additional rules and policies for their after school program (ie. maintain grade point average, school attendance policy, etc.). These will be provided to you with this registration form. **Participation in the CSL, by the students and parents, is a privilege, not a right. St. Apollinaris School and its' representatives, reserve the right to remove those who fail to behave in a positive, responsible, Christian manner, from any league event. If such behavior is not resolved after notification to the Athletic Director & school administration, you may be asked to not attend any future CSL events.**

Athlete _____ Date _____

Parent/Guardian _____ Date _____

This form must be signed and returned with registration form.