



St. Paul Catholic Parish CYO Sports Program Registration Winter 2008-09

The St. Paul Athletic Club sponsors the CYO Sports Program. The program is open to all St. Paul Catholic School students and children who attend the St. Paul Religious Education Program. Members of neighboring Catholic parishes not offering a sports program (such as St. Philomena) may be involved in St. Paul sports as space is available and with the permission of their pastor/athletic director.

Season Overview and Parent/Guardian Participation: Practices and games are after school and on the weekends. Teams practice two to four times per week with one to two games per week. To support the large sports program, you will be required to volunteer to help as needed by each sport. Practices will begin October 27, 2008 and the first games are scheduled for the week of December 1, 2008. Intramural sports will begin December 1, 2008.

Registration: Completed registration forms and checks for \$95.00 per athlete (made out to "St. Paul Athletic Club") can be mailed to Troy Glasser, Athletic Director, St. Paul School, 170 Grosse Pointe Boulevard, Grosse Pointe Farms, MI 48236. **Forms and checks must be received by Friday, October 5, 2008.** If you register after October 10, eligibility will depend on space available and your registration fee will be \$120.00.

Please note that there will be a \$25.00 administration fee for all athletes who leave a team within the first week and no refund will be given after the completion of the first week of practice.

Playing Dual Sports: If your child registers for two St. Paul CYO sports, every effort will be made to avoid game/meet/practice conflicts. However, with facility limitations and restrictions, conflicts may arise. Games/meets take precedence over practices. There is an \$95.00 fee for each sport.

******Physicals: All participants must have a doctor's physical administered after May 16, 2008. By signing the reverse of this form you acknowledge that this has been or will be completed by the time the season's practices start, and that your son/daughter has been determined physically fit to participate in athletic practices and events by your physician.******

Winter 2008-09 Teams:

- Basketball** - Boys and girls, grades 5-8
- Intramural Basketball** - Boys and girls, grades 3-4
- Bowling** - Boys and girls, grades 4-8
- Cheerleading** - Boys and girls, grades 4-8

If you have any questions, please contact Troy Glasser at 313-590-2975.



**St. Paul Athletic Club
Registration/Consent Form
(One athlete per form, please).**

To participate in the Athletic Program at St. Paul, **each child must have a current physical examination**. All participants must have had a doctor's physical administered after **May 16, 2008**. By signing the bottom of this form, you acknowledge that this has been or will be completed by the time of the applicable season's practices start and that your son/daughter has been determined physically fit to participate in athletic practices and events by your physician. A registration form must be filled out. At the time of registration, your sports participation fee must be paid in full. Please make your check payable to **St. Paul Athletic Club**.

Name _____ Date of Birth _____ Grade _____ Sport _____

Last Physical Exam ___/___/___ General Physical Condition _____
Special medical restrictions that might affect participation in sports and a description of, if any, respiratory or circulatory conditions _____ Medications taken regularly _____

Address _____ City _____ Zip _____

Email Address _____

Home Phone _____ Daytime Phone _____ Cell _____

School _____ Parish _____

Parent(s) Name(s) _____

Health Insurance and Policy Number _____

Doctor Name _____ Office Number _____

As the custodial parent or guardian of the child named above, I hereby give permission for my child to participate in the St. Paul/CYO Athletic Program and all related activities. I also give permission for my child to travel to tournaments, games, and practices with the coaches, assistants, and volunteers.

I recognize that competitive sports and engaging in the activities related to athletic competition (practices, travel to and from games, etc.) expose my child to the possibility of physical injury. I hereby release and agree to hold St. Paul Athletic Club, St. Paul Parish, and the CYO harmless, as well as their employees, organizers, subsidiaries, coaches, referees, and any volunteers assisting in the athletic program, from any and all liability and claims arising out of my child's participation in the athletic program and related activities. In the event my child should require medical treatment, I give permission for such medical treatment to be secured at my cost.

I hereby agree to the policies of the St. Paul Athletic Program and also acknowledge that my child has been found fit to participate in this particular sport by a physician in a recent physical exam.

Signature of Parent/Guardian _____ Date _____

Yes, I am interested in coaching or helping with the following sport(s): _____

I will volunteer to help with: _____