

ST. BENEDICT FALL SPORTS REGISTRATION

Directions:

1. Please completely fill out this registration form. One form per Athlete per sport is necessary.
2. Please complete an Emergency Medical Treatment Form. One per sport.
3. Please complete a valid CYO Medical Contract w/physician's signature and dated.
** IF YOU DO NOT HAVE A VALID COMPLETED CYO MEDICAL CONTRACT THE ATHLETE WILL BE UNABLE TO PARTICIPATE IN THE SPORT UNTIL ONE IS TURNED INTO THE ATHLETIC DIRECTOR NO EXCEPTIONS! (Intramural sports excluded).
4. Make checks payable to St. Benedict.
5. Please return all completed forms and fees to the Athletic Dept. Any Questions call 419-536-1194 or email dlewinski@att.net or booda72@buckeye-express.com (Eric Klem)

REGISTRATION DEADLINE Monday 08/22/11!

FALL SPORTS REGISTRATION FORM

Athlete's Name: _____ GRADE _____

Address: _____ Zip Code _____

Birth Date: ____/____/____ Phone# _____ Email _____

Please circle the sport that you are registering for (one sport per form)

FOOTBALL (Gr.5-8, Boys)

VOLLEYBALL (Gr. 5-12, Girls)

SOCCER (Gr.1-8, Co-Ed)

CROSS COUNTRY (Gr. K-8 Co-Ed)

Checklist:

- Registration Form
- EMT Form
- Valid CYO Contract
- Individual Sports Fee

- Fee Listings
- Football \$40
 - Soccer \$25
 - Volleyball \$30 (High school \$35)
 - Cross Country \$25

CHECK# _____ & AMOUNT _____

Interest in Coaching or volunteering to help out the Athletic Dept. CASH _____

Name _____ Phone# _____