St. Catherine of Siena School/Parish Sports Registration Form – BASEBALL 2019-2020

St. Catherine of Siena is accepting registration forms for the sport of BASEBALL. Any student who wishes to play is guaranteed an opportunity to do so. Students are expected to be present at all practices and games. Practices are held after school or in the evenings.

The signatures of both parents/guardians and students on the registration form signify that each party agrees to conduct herself/himself accordingly at all times - whether it be at practices or during games. The *Code of Christian Conduct*, promulgated by the Archdiocese in 1998, outlines the principles by which all parties agree to adhere. Deviations from these basic policies may result in the denial of the privilege to participate in St. Catherine of Siena Sports Program. *Students and parents/guardians are also aware that withdrawal from any sport, without due cause, automatically disqualifies the students from participating in the next school sport as well as in the same sport next year.* Signatures also signify the compliance with the school rule that failure to maintain a 2 in conduct will result in disciplinary action to be decided upon by the faculty and the administration. CCD students will be suspended if they miss three consecutive classes. This includes practices and games. Any questions regarding this sport should be directed to the office.

Registration requirements include the following:

- Commitment to regular participation in practices and games.
- Return of completed registration form signed by parents /guardians and player.
- Payment of *\$125 registration fee*, (non-refundable if the player withdraws) or a note requesting fee to be waived **Paypal payments** to:<u>stcatsmensclubcfo@gmail.com</u>
 - 1. Choose "friends and family" option so no service fee is deducted.
 - 2. In the notes, list down your child's name and grade
- Completed medical form.
- Return of all previously issued sport uniforms.

By signing below I have read and agreed to the commitment required to participate in this sport.

Parent /Guardian Signature

Student Signature

Parent /Guardian Signature

Registration and medical forms are due by Wednesday, May 8, 2019

Uniform Information						
Please check the appropriate uniform size:	YOUTH M	L	ADULT S	_ML_	_XL	
Parent/	/Coach Information -	- Complete Each Se	ection			
Parent Participation: I would be willing to help in the following a coach asst. coach		scorekeeper	_ photographer	Other		
1. Have you completed and submitted the V	VIRTUS online trainin	g? Yes No	_			
2. Have you submitted your Livescan paper	? Yes No	_				

St. Catherine of Siena School/Parish Medical Form (for participation in sports)

Child	's Last Name	First Name	Birth Date
Stree	et Address		Current Grade
City		Zip	Telephone no.
			Cell Phone no.
Motl	ner/Legal Guardian		Work Phone no.
Fath	er/Legal Guardian		Work Phone no.
E-M	ail Address		-
perso prov	ons to be notified by ide medical care to my o	telephone. They are authorized to child as identified above.	re cannot be reached, I wish one of the following act in my/our absence regarding decisions to nship
pers	ons to be notified by i ide medical care to my o Name	telephone. They are authorized to child as identified above. Relatior	act in my/our absence regarding decisions to
perso prov	ons to be notified by ide medical care to my Name Address	telephone. They are authorized to child as identified above. Relation Phone	act in my/our absence regarding decisions to
perso prov 1.	ons to be notified by i ide medical care to my o Name Address Name	telephone. They are authorized to child as identified above. Relation Phone	act in my/our absence regarding decisions to
perso prov 1. 2. In th	ons to be notified by i ide medical care to my o Name Address Name Address e case of emergency w	telephone. They are authorized to child as identified above. Relation Phone Relation Phone	act in my/our absence regarding decisions to
perso prov 1. 2. In th adm	ons to be notified by a ide medical care to my o Name Address Name Address e case of emergency w inister whatever medica	telephone. They are authorized to child as identified above. Relation Phone Relation Phone when I or my emergency contacts ca al services should be necessary.	act in my/our absence regarding decisions to
perso prov 1. 2. In th adm I also	ons to be notified by ride medical care to my of Name	telephone. They are authorized to child as identified above. Relation Phone Relation Phone when I or my emergency contacts ca al services should be necessary.	act in my/our absence regarding decisions to nship
perso prov 1. 2. In th adm I also Pare	ons to be notified by ride medical care to my of Name	telephone. They are authorized to child as identified above. Relation Phone Relation Relation Phone when I or my emergency contacts ca al services should be necessary. ach in writing should my child be on	act in my/our absence regarding decisions to

Hospital or Emergency Room Preferred_____