## St. Catherine of Siena School/Parish
## Sports Registration Form – BASEBALL 2017-2018

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.*
- *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 10, 2017***

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**Uniform Information**

Please check the appropriate uniform size: YOUTH M ___ L ___

ADULT S ___ M ___ L ___ XL ___

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**Parent/Coach Information – Complete Each Section**

Parent Participation:
I would be willing to help in the following areas:
___ coach ___ asst. coach ___ team parent ___ scorekeeper ___ photographer _____ Other_____

1. Have you completed and submitted the online training "Shield the Vulnerable"? 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

_____ _____
Street Address Current Grade

_____ _____
City Zip Telephone no.

_____
Cell Phone no.

_____ _____
Mother/Legal Guardian Work Phone no.

_____ _____
Father/Legal Guardian Work Phone no.

_____
E-Mail Address

In the event of an apparent serious illness or accident when I/we cannot be reached, I wish one of the following persons to be notified by telephone. They are authorized to act in my/our absence regarding decisions to provide medical care to my child as identified above.

1. Name_____ Relationship_____

   Address_____ Phone_____

2. Name_____ Relationship_____

   Address_____ Phone_____

In the case of emergency when I or my emergency contacts cannot be reached, I give permission to obtain or administer whatever medical services should be necessary.

I also agree to inform the coach in writing should my child be on medication during any game or practice.

Parent/Legal Guardian_____

Physician Name_____Telephone_____

Dentist Name_____Telephone_____

Hospital or Emergency Room Preferred_____