



**St. Catherine of Siena School/Parish
Sports Registration Form – CHEERLEADING 2016-2017**

St. Catherine of Siena is accepting registration forms for the sport of CHEERLEADING. 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 and effort 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 \$100 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

Return by Friday, September 16

**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 _____