



Saint Zachary Catholic School

Building a Foundation for Faith, Family, and Academics.

Saint Zachary Athletics Registration Form 2016 - 2017 SEASON

PLEASE PRINT NEATLY IN CAPITAL LETTERS

Last Name: _____ First Name: _____

Grade: _____ Gender: M / F (circle one)

Home Phone # _____ Parent/Guardian Cell # _____

Parent/Guardian E-mail Address (**required**): _____

*** Check the sport(s) your child would like to participate in:

<u>SPORT</u>	<u>GRADES</u>	<u>FEES</u>	<u>AMOUNT</u>
_____ BOYS VOLLEYBALL	4 th – 8 th	\$50	_____
_____ GIRLS VOLLEYBALL	4 th – 8 th	\$50	_____
_____ BOYS BASKETBALL	4 th – 8 th	\$50	_____
_____ GIRLS BASKETBALL	4 th – 8 th	\$50	_____
Volleyball Uniform Deposit		\$25	_____
Basketball Uniform Deposit		\$25	_____
Volleyball Season Home Game Family Pass		\$15	_____
Basketball Season Home Game Family Pass		\$15	_____
Total Amount Due			_____

*** FEES MAY BE PAID:

Directly to Saint Zachary Sports Council _____

or Billed through FACTS _____

REGISTRATION FORMS MUST BE RETURNED TO SCHOOL

For questions or additional information, please contact athleticcouncil@saintzachary.org

*** For School Use Only ***

Pre-Participation Exam Form _____

Check # _____

CBC/Minor Form: _____

Emergency Form: _____

Player Contract: _____



Saint Zachary Athletics EMERGENCY INFORMATION FORM

Athlete Info	Athlete's name: _____ Age: _____ Grade: _____
	Address: _____
	Phone: _____
	Sports: _____

Parent Info	Parent or Guardian's name: _____
	Home Phone: _____ Work Phone: _____ Cell Phone: _____
	Parent or Guardian's name: _____
	Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contacts	List two emergency contacts		
	Name: _____	Relationship: _____	Phone: _____
	Name: _____	Relationship: _____	Phone: _____

Insurance Info	Insurance Company: _____ Policy Number: _____
	Physician's Name: _____ Phone Number: _____

Medical History	Are you allergic to any medications/drugs? _____ If so, what? _____
	Do you have any other allergies? (i.e. bee stings, dust): _____
	Do you suffer from: Asthma _____ Diabetes _____ Epilepsy _____
	Are currently taking medication? _____ If so, what? _____
	Do you wear contacts or glasses? _____
Other: _____	

Parent/Guardian Signature

Date

* * * * *

For St. Zachary School Use Only



Saint Zachary Athletics PLAYER CONTRACT

I will attend every practice and game that I can, and will notify my coach when I cannot attend.

I will encourage good sportsmanship from fellow players, coaches, officials, parents, and opponents at every game and practice by demonstrating good sportsmanship myself.

I will do my very best to listen and learn from my coaches.

I will treat my coaches, other players, officials, and opponents with respect regardless of race, gender, creed, or abilities and I will expect to be treated accordingly.

I will do my very best in school, as schoolwork is my first priority.

I will be on time to all practices and games, as it is inconsiderate to my teammates and coaches to be late.

I will remember that sports participation is an opportunity to learn and have fun.

I understand that as a member of St. Zachary athletic program, I will be held to academic and behavior standards.

I will be respectful of other teams and their facilities while visiting, knowing that I am not only representing myself and my team, but St. Zachary School, as well.

I understand that failure to comply with this player contract may lead to disciplinary action being taken against me. Such disciplinary action may include loss of opportunities to participate in the program.

Player's signature: _____

Parent's signature: _____

Date: _____