

**St. Pius X Catholic School
Athletic Program Participation Form**

Student Name _____ **Grade** _____
Parent Names _____ **Phone Number** _____

I would like to participate in the following SPX Athletic Program(s):

Fall Programs

- Volleyball (\$75)
- Drill Team (\$60)
- Cheerleading (\$60)
- Football (\$75)
- Swimming (\$30)
- Cross Country (\$30)
- Tennis (\$30)

Spring Programs

- Basketball (\$75)
- Baseball (\$75)
- Softball (\$75)
- Track/Field (\$30)
- DPL Soccer Tournament (\$30)
- Swimming (\$30)

****Type of Swimmer:** () Advanced/Year Round, () Intermediate/Seasonal, or () Novice or does not swim competitively
Check ALL strokes that apply: () Breaststroke, () Backstroke, () Freestyle, () Butterfly

*In order to participate in the Athletic Program(s) you have selected, you must turn in the following items to the SPX Athletic Director prior to the **first practice**.*

1. *Physical/Health Form*
2. *Athletic Program participation fee(see individual sport above)*
3. *Emergency Contact Form (backside of this form)*

CHECKS PAYABLE TO: ST PIUS X

Parent Authorization

I allow my child _____ to participate in the SPX _____ Program marked above. I do understand the fee associated with this sport is nonrefundable and until the fees are paid and the Physical/Health Form and Emergency Contact Form are given to the athletic director, my child will not be eligible to practice or receive a uniform. I also understand that if my child does not return the uniform to the coach after the Program is complete, I will need to come to the school office and pay a fine in order to receive their last report card.

Parent Signature

Date

Athletic Director Acceptance

- I have received the Physical/Health Form
- I have received the Emergency Contact Form
- I have verified that a completed Physical/Health Form is on file with the school A.D.

Athletic Director Signature

Date

() CHECK # _____

() CASH \$ _____

6/01/08

Emergency Contact Form

(Head Coach/Sponsor – to keep on file at all practices and games)

PLEASE PRINT

Player: _____

Parents Names: _____ (Mom/Step-Mom)

_____ (Dad/Step-Dad)

_____ (Parent Email)
(For use in distributing practice/game schedules only- PLS. PRINT)

Phone Numbers: _____ (Home)

_____ (Work)

_____ (Mobile)

_____ (Pager)

Other Contacts:

NAME	RELATIONSHIP	PHONE NUMBER