



### GUARDIAN ANGELS ATHLETICS 2009/2010

The Guardian Angels Athletic Committee has approved the following fees for each of the listed sports programs. Please submit this completed registration form and check made payable to Guardian Angels Athletics to the school office or mail to:

Guardian Angles Catholic School, Attn: GA Athletics, 512 E. 14 Mile Rd., Clawson MI, 48071.

**NOTE:** The registration fee is non-refundable after two weeks of team practices. If necessary, try-outs will be held in order to limit team size and/or to determine team placement for the athlete. In this case, the registration fee will be refunded only to individuals who are not placed on a team after try-outs are complete.

- Only paid and properly registered athletes may participate in G.A. sports – Registration, CYO Risk, Physical and Payment.
- Each family is required to serve 5 volunteer hours per season (6 hrs for football). Volunteer time will be tracked and reviewed by the Athletic Committee. Families will be charged \$10/hr for all volunteer hours not served.
- There is a \$100 uniform deposit for all **8<sup>th</sup> graders only**. This deposit will be refunded upon receipt of all equipment at the end of the season.

#### FALL Season

#### WINTER SEASON

#### SPRING SEASON

SPORT	FEE	SPORT	FEE	SPORT	FEE
FOOTBALL <input type="checkbox"/>	\$120	BASKETBALL <input type="checkbox"/>	\$90	BASEBALL <input type="checkbox"/>	\$90
SOCCER <input type="checkbox"/>	\$80	BOWLING <input type="checkbox"/>	\$70	SOFTBALL <input type="checkbox"/>	\$90
VOLLEYBALL <input type="checkbox"/>	\$80	Cheerleading <input type="checkbox"/>	\$50	TRACK <input type="checkbox"/>	\$70
CHEERLEADING <input type="checkbox"/>	\$40			LACROSSE <input type="checkbox"/>	\$135
8 <sup>th</sup> Grade Uniform Deposit <input type="checkbox"/>	\$100	8 <sup>th</sup> Grade Uniform Deposit <input type="checkbox"/>	\$100	8 <sup>th</sup> Grade Uniform Deposit <input type="checkbox"/>	\$100

(Please note: As of the 09/10 Winter Season, the mandatory \$10 CYO Participation Fee is included in Registration Fees)

#### Registration and Permission:

I give my consent to allow my child, named below, to participate in the Guardian Angels Parish CYO sport selected above. I acknowledge that there may be a risk of physical injury to my child while participating in sports, and I accept the responsibility of possible injury. I release and agree to indemnify, defend, and hold harmless Guardian Angels Church, School, Athletic Committee and/or associated coaches/personnel from any liability or claims that may result from such injury. I certify that my child, named above, has had (or will have prior to the start of the season) a physical examination, that my child is in good health and physically able to participate in sports, and that my child is covered by medical insurance in effect for the entire sports season. I understand that verification of the athlete's health may be required. I also understand that in the event of injury and/or illness, a letter from a doctor clearing the athlete to resume participation may be required.

#### Registration Information:

ATHLETE LAST NAME	ATHLETE FIRST NAME	BIRTHDATE	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
ADDRESS	CITY	ZIP CODE		
GRADE IN 2009/2010	SCHOOL	CURRENT PARISH	PARISH BAPTIZED	
HOME PHONE #	EMERGENCY CONTACT NAME & PHONE # (IF OTHER THAN PARENT)			
MOTHER'S NAME	CELL # / WORK #	HOME eMAIL / ALT eMAIL		
FATHER'S NAME	CELL # / WORK #	HOME eMAIL / ALT eMAIL		
MEDICAL INSURANCE COMPANY	CONTRACT/GROUP/PLAN #			

(Check all that apply):

**VOLUNTEER POSITIONS OF INTEREST:** COACH  BOARD MEMBER  CONCESSIONS  GATE  CLOCK  BOOK  RAFFLE  LINES/CHAINS  UNIFORM COORDINATION

I would like to be the team volunteer contact.  I am interested in volunteer options than above, please call to discuss

#### Verification and Signature:

I understand and agree to the registration terms stated above. I also certify that the registration information given is complete and accurate.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

#### GA ATHLETIC COMMITTEE USE ONLY:

Forms received: REGISTRATION  CYO ASSUMPTION OF RISK  PHYSICAL  PAYMENT  DEPOSIT

Registration Fee: Amount paid \_\_\_\_\_ Check # \_\_\_\_\_ Deposit Amount(s) \_\_\_\_\_ Deposit Check #(s) \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

# ATTENTION CYO ATHLETES AND PARENTS

Athlete's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parish/School: \_\_\_\_\_

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## ASSUMPTION OF RISK -- PROOF OF INSURANCE

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Participation in sports requires an acceptance of risk of possible injury. As an athlete you can help make athletics safer by not intentionally using techniques that are illegal and which can cause serious injury.

We, athlete and parent, understand that participation in athletics involves the possibility of a serious or even fatal injury. In consideration for our child's opportunity to participate in this program, we, the parents, individually and on behalf of our child, expressly assume any and all risks associated with and arising from such participation, including, but not limited to bodily and emotional injury, at practice, competitive events, and any other related activity, including transportation to and from any event. We hereby release the Catholic Youth Organization (CYO), Archdiocese of Detroit, any parish and/or school sponsor and all of their agents from any and all liability for any such injury or damage. We will abide by CYO Athletic Department rules, the Expectations in Educational Athletics of the CYO and game officials.

I \_\_\_\_\_ (signature) student athlete have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury.

I am the parent or legal guardian of the above named student athlete and have read the above and recognize the risk in participation and injury. (Signature below)

The student athlete is covered by an insurance policy in effect for the school year:

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy or Group #

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## EXPECTATIONS IN EDUCATIONAL ATHLETICS

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The administration and staff of our parish/school, all CYO parishes/schools, and the CYO Athletic Department wish to make it clear that CYO Athletics is an educational activity. Athletes, parents, and friends must be aware of our expectations with regard to sportsmanship.

Unlike professional sports, as a spectator at an athletic event, you are part of the activity, much like the athletes, coaches, and officials. As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending CYO athletic events.

- ◆ It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches, and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- ◆ It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the game to administer these educational activities.
- ◆ At all times it is expected that we will respect one another; adults and athletes alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Student Athlete and Parents/Guardians that they have read and understand the above.

\_\_\_\_\_  
Student Athlete

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

**This form is to be kept on file at the parish/school. A new form must be filed each school year. A form must be submitted by parents to the coaches at the start of each new athletic season.**