



GUARDIAN ANGELS ATHLETICS 2010/2011

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 **8th 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"/> | \$140 | BASKETBALL <input type="checkbox"/> | \$90 | BASEBALL <input type="checkbox"/> | \$90 |
| SOCCER <input type="checkbox"/> | \$90 | BOWLING <input type="checkbox"/> | \$70 | SOFTBALL <input type="checkbox"/> | \$90 |
| VOLLEYBALL <input type="checkbox"/> | \$90 | Cheerleading <input type="checkbox"/> | \$50 | TRACK <input type="checkbox"/> | \$70 |
| CHEERLEADING <input type="checkbox"/> | \$50 | | | LACROSSE <input type="checkbox"/> | \$135 / \$150 |
| 8 th Grade Uniform Deposit <input type="checkbox"/> | \$100 | 8 th Grade Uniform Deposit <input type="checkbox"/> | \$100 | 8 th Grade Uni Dep. <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 2010/2011 | 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/GUARDIANS

ATHLETE'S NAME: _____ GRADE: _____ SPORT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

ASSUMPTION OF RISK -- PROOF OF INSURANCE:

The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

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. _____ (Date)

I hereby consent to participation by my child, _____, in the sport described above. In consideration of my child being allowed to participate in this sport, I hereby agree on behalf of myself and my child, to release **GUARDIAN ANGELS** School and/or Parish, the Catholic Youth Organization (CYO), the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives (Releasees), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release of indemnification apply to the extent of commercial insurance coverage for any claim, but this Release of Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

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

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

Parent/Legal Guardian

Parent/Legal Guardian

Date

Name of Insurance Company

Policy or group number (Contact Athletic Director ASAP if no policy exists)

EXPECTATIONS IN EDUCATIONAL ATHLETICS

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

Unlike professional sports, as a spectator at an athletic event, you are a 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 students 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. The form must be submitted by the parents/guardian to the Athletic Director/Coach before the start of the season.