

**St. Patrick School Soccer Program U5, U7, U9, U11, U14**  
Registration Form Fall 2018 \_\_\_\_\_

**Registration due: August 31, 2018**

Registration is not finalized until full payment made.

For additional info call: 251-895-6927 or email: brian.daughtery@stryker.com

Player's Name: \_\_\_\_\_ Sex (circle) M F

AS IT APPEARS ON THE BIRTH CERTIFICATE

Preferred Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check One: St. Patrick Student: \_\_\_\_\_ St. Patrick Parishioner: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Aug. 1, 2018 \_\_\_\_\_ Grade: \_\_\_\_\_

**Children will play in their age group, and not be moved up unless desired.**

**\*\*Please circle preferred contact number.**

Day Phone #: \_\_\_\_\_ Night Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Accept text messages? Yes \_\_\_\_\_ No \_\_\_\_\_

**ALL AGES COST: \$90.00**

**Circle One:** Cash/Check **Payment:** Amount: \$ \_\_\_\_\_ Check#: \_\_\_\_\_

**Make checks payable to St. Patrick's Parish.**

**Return registration to school or church ATTN: Rachael Jordan /Booster Club.**

**Parental / Guardian Release Agreement**

I do certify that I have knowledge of my child's physical condition and state of health and give my permission for my child, as identified above, to engage in the soccer program sponsored by St. Patrick Parish. I do further certify that my child has no physical defects, disease, or other disability that may in any way jeopardize his/her health or physical condition if he/she is allowed to take an active part in this soccer program. I hereby agree to indemnify and hold harmless St. Patrick School and Parish, Volunteers, Officials, Coaches, and any Other Person affiliated with St. Patrick School and Parish for any injury, accident, or mishap that may befall my child while participating in any phase or aspect of the St. Patrick School/Parish Recreation Programs, or while being transported to or from clinics, games, and practices. I give my permission for my child to participate as a member of the team to which he/she is assigned. I also certify that the date of birth listed above is correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print: \_\_\_\_\_ Date: \_\_\_\_\_

Shirt: Youth      Adult      Small      Medium      Large      \_\_\_\_\_  
Parent Initial

Uniform #: \_\_\_\_\_

\*Not guaranteed.

**Volunteers needed.** Circle one: Coach      Assistant      Shirt Size: \_\_\_\_\_

*If there is not a coach for a team, that team cannot make. In this case, money will be refunded. Practices will be at St. Patrick School and games will be played in Baldwin County.*

**SPP Booster Club membership required to participate in St. Patrick's sports programs.**