

SPORT FEE:  MEMBERSHIP FEE:  CONCESSION FEE:  DISCOUNTS:  TOTAL PAID:

(PLEASE DO NOT WRITE IN THIS SECTION) DATE PAID: / /

<input type="checkbox"/> MALE	<input type="checkbox"/> BASEBALL	<input type="checkbox"/> TEE BALL	<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> INSTRUCT SOFTBALL
<input type="checkbox"/> FEMALE	<input type="checkbox"/> SOCCER	<input type="checkbox"/> LOLLIPOP	<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> INSTRUCT BASKETBALL

# St. John's Athletic Boosters

## SPORTS REGISTRATION CONTRACT

SIGN-UP DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Please print clearly)

PLAYER'S NAME: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
LAST FIRST MIDDLE DATE OF BIRTH

HOME ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

TEAM LAST YEAR: \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS THAT THE COACH/MANAGER SHOULD BE AWARE OF?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

I hereby agree that St. John's Athletic Boosters, its members, coaches and officers and officers and officials of member organizations, and the owners of the fields and facilities utilized by St. John's Athletic Boosters, shall not be held liable for any injury or loss which my child/self may sustain while participating in any activity sponsored by the forgoing organizations. I am aware of the risks involved in playing sports and certify that my child/self physically capable of participating in any of the sponsored sports programs. I further agree to hold harmless from any claim, whatsoever, the St. John's Athletic Boosters and its member organizations and the owners of the fields and facilities utilized.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CONTRACT INFORMATION

(Please print clearly)

PARENT / GUARDIAN NAME: \_\_\_\_\_  
LAST FIRST

HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## PLEASE READ THE FOLLOWING INFORMATION PRIOR TO SIGNING YOUR CHILD UP FOR SPORTS

As a volunteer organization committed to providing affordable sports opportunities to the area children, the following conditions must be adhered to - this is the minimum participation required of each and every family:

- 1) You will be scheduled to work one 2-3 hour shift, per child, per sport, in the concession stand
- 2) You must check the Athletic Boosters website at [www.stjohnaa.com](http://www.stjohnaa.com) for your scheduled concession date and time
- 3) If, for any reason, you cannot work your scheduled shift, you are responsible for finding a replacement
- 4) Failure to work your assigned shift could result in additional fees being assessed on future sport sign-ups

I AGREE TO THE ABOVE CONDITIONS: \_\_\_\_\_ PARENT SIGNATURE

### OTHER OPPORTUNITIES AVAILABLE WITHIN THE ORGANIZATION

<input type="checkbox"/> SPORT COORDINATOR	<input type="checkbox"/> UMPIRE	<input type="checkbox"/> BUILDING & GROUNDS	<input type="checkbox"/> CONCESS MANAGER	<input type="checkbox"/> GOLF OUTING CHAIRPERSON
<input type="checkbox"/> HEAD COACH	<input type="checkbox"/> REFEREE	<input type="checkbox"/> EQUIPMENT MGR	<input type="checkbox"/> CONCESS SCHEDULER	<input type="checkbox"/> PATIO PARTY CHAIRPERSON
<input type="checkbox"/> ASSISTANT COACH	<input type="checkbox"/> UMPIRE COORD	<input type="checkbox"/> FENCE SIGN COORD	<input type="checkbox"/> CONCESS OPEN/CLOSE	<input type="checkbox"/> COACH APPRECIATION DINNER
<input type="checkbox"/> TEAM SPONSOR	<input type="checkbox"/> REFEREE COORD	<input type="checkbox"/> WEBMASTER	<input type="checkbox"/> FRIDAY NIGHT GRILL	<input type="checkbox"/> STJAA OFFICER/TRUSTEE

ADDITIONAL COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_