

ST MARK ATHLETICS

CYO Winter Sports

Registration Form



Name: _____ Date of Birth: _____

Address: _____ City _____ Zip _____

Home Phone: _____ School _____ Grade _____

Parents Names: Father _____ Mother _____

Work Phone Number _____ E-mail _____

Parents: Without your help we could not provide all the sports opportunities for your children. The Athletic Director/Sports Coordinator will develop a concession schedule and will be passed out prior to the first game the season. Thank you for your continued support! If you would like to help with any aspects of St. Mark Athletics please put your name in the volunteer space below.

Volunteer: _____ Volunteer Activity: _____

PHYSICAL FORMS: Every participant in grades 4-8 are required to have a current CYO Physical form signed by a physician and on file with the St. Mark Athletic Department prior to the first practice. Physical exams for CYO Summer Camp are also acceptable.

PAYMENTS & REFUNDS: FORMS AND PAYMENTS (Payable to St. Mark Catholic Church) SHOULD BE RETURNED TO THE PARISH OR SCHOOL OFFICE LOCATED AT 535 EAST EDGEWOOD AVENUE, INDIANAPOLIS, IN 46227. NO PLAYER WILL BE ALLOWED TO, TRYOUT, PRACTICE OR PARTICIPATE IN GAMES UNTIL ALL PAPER WORK AND FEES ARE RECEIVED INTO THE ATHLETIC DEPARTMENT! PLEASE NOTE THE REGISTRATION DEADLINE DATE. THIS DATE IS MANDATED BY THE CYO. NO REFUNDS WILL BE GIVEN AFTER THE REGISTRATION DEADLINE. All uniforms/equipment must be returned to the St. Mark's Athletic Director or School office within one week of completion of the season. **Please note shirt size (i.e., YS or AS, etc.).**

COACH: If you would like to coach please indicate "H" for head coach, "A" for assistant on the line corresponding with the sport you would like to coach. All adult volunteers are required to complete VIRTUS training per Archdiocesan regulations.

<u>SPORT</u>	<u>DEADLINE</u>	<u>COACH</u>	<u>PARTICIPATION FEES</u>	<u>SHIRT SIZE</u>
Girl's Volleyball (4-8)	December 8, 2011	_____	\$70.00 \$ _____	_____
Boy's Volleyball (5-8)	December 8, 2011	_____	\$70.00 \$ _____	_____
Wrestling (K-8)	December 8, 2011	_____	\$55.00 \$ _____	_____
TOTAL FEES PAID THIS REGISTRATION:			\$ _____	

Please return this form and a check made out to "St. Mark Catholic Church" to the School Office or Parish Office. This form must be signed by parent or guardian.

Agreement to the terms above: _____
Parent/Guardian Signature