

# 2014-2015 St. Louis Micro Sports Registration Form

(MUST BE 4 YEARS OLD BY SEPTEMBER 1, 2014)

Check Sport	Grade	Deadline:	Fee:
<input type="checkbox"/> Soccer	JK-K	Friday August 15, 2014	\$60
<input type="checkbox"/> Basketball	JK-K	Friday November 7, 2014	\$60
<input type="checkbox"/> Tee-Ball	JK-K	Friday February 27, 2015	\$60
<input type="checkbox"/> All 3 Micro Sports	JK-K	Friday August 15, 2014	\$160

**\$20.00 late fee if not received by the deadline. Fees are non-refundable**

All registration fees include uniforms (jerseys only), trophies, pictures, and administrative fee.

Athlete Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Parents email: \_\_\_\_\_ Church: \_\_\_\_\_

Circle Jersey Size: **YS YM YL**

	<u>Father</u>	<u>Mother</u>
Parents: _____	_____	_____
Home #: _____	_____	_____
Work #: _____	_____	_____
Cell #: _____	_____	_____

I would like to be a coach: YES \_\_\_ NO \_\_\_ Name: \_\_\_\_\_

**Parents interested in coaching will be required to attend VIRTUS training as well as have a background check ordered by the Dioceses of Memphis.**

**I am VIRTUS Trained** \_\_\_ **I am not VIRTUS Trained** \_\_\_

**Parental Consent and Release:**

I hereby allow my child to participate in the PAA league through the St. Louis Catholic Church and School athletic program. I understand that sports may carry some inherent risk of injury. As consideration for my child's participation, I release St. Louis Catholic Church and School, the league in which they are participating and any person affiliated with any of their organizations, from any liability for any injuries suffered by my child, by me or by any family member while my child is participating in this sports program. I agree not to pursue any claim against any of the above persons or entities arising out of my child's participation in this program. I agree to abide by the rules set out by all participating institutions and I agree to respect the league's referees and act in a respectful manner during all practices and games. The consumption of alcohol is strictly prohibited during any St. Louis children's sponsored events. I give consent for my child to be photographed or videotaped during practice or games and release use of images by St. Louis athletics for use in newsletters, on the St. Louis website and local newspapers for PR releases.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail registration, consent, and payment (checks made payable to **St. Louis Church**) to:  
*Jen McBride, 2583 Lanrick Cove, Memphis, TN, 38119.*

Registration, consent, and payment may also be dropped off in the St. Louis School Office:  
 Attn: Jen McBride c/o Michael Bennett, Athletic Director St. Louis School.

*For additional information or questions contact Jen at 901-481-5902*

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**For Office Use Only**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Emailed Confirmation: \_\_\_\_\_