



# St. Thomas of Villanova

EDUCATION • VALUES • FAITH • COMMUNITY

## STV SPORTS REGISTRATION FORM 2018/2019

ATHLETE NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

PARENT NAME/S \_\_\_\_\_

EMAIL ADDRESS/ES \_\_\_\_\_

PHONE/S WHICH PARENT \_\_\_\_\_

FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

CROSS COUNTRY \$55 \_\_\_\_\_ CHEER \$45 \_\_\_\_\_ TRACK AND FIELD \$55 \_\_\_\_\_

GIRLS VOLLEYBALL \$55 \_\_\_\_\_ GIRLS BASKETBALL \$65 \_\_\_\_\_ BOYS VOLLEYBALL \$55 \_\_\_\_\_

JR VIKINGS \$25 \_\_\_\_\_ BOYS BASKETBALL \$65 \_\_\_\_\_ GIRLS SOFTBALL \$55 \_\_\_\_\_

### VOLUNTEER REQUIREMENTS

To keep the costs of Athletics Lower at STV it is **Vital** to have Volunteer Support from the Athletes Families. You will be assigned Home games and Meets. If these times you are assigned do not work you need to find coverage. Cross Country and Track will be 1-2 meets per family. Girls and Boys Volleyball will be 5-7 Home Games per family. Plus a tournament. Girls and Boys Basketball will be 5-10 Home Games per family. Plus a tournament. Other sports may require assistance and Coaches will ask you at that time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Family Name

\_\_\_\_\_  
Date

### UNIFORM POLICY

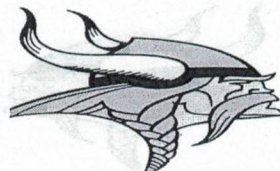
**All Registration Fees will need to be paid before any uniform will be distributed.** A \$75 check will be required at uniform pick up that is post dated to Fall Sports 10/31, Winter Sports 2/28, Spring Sports 5/31. The check will be returned to you when the uniform is returned at Fall, Winter, Spring Sports Banquets. If the uniform is not returned up to one week after the Sports Banquet the check will be cashed as a non-return fee. Uniforms are very costly and eat up a lot of unnecessary funds. Uniforms are expected to be returned clean and in good condition.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Athlete Signature

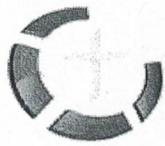
\_\_\_\_\_  
Date

\_\_\_\_\_  
Check #



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## MEDICAL RELEASE FORM / One Per Child

Athlete Name \_\_\_\_\_

### ST. THOMAS ATHLETICS

As a parent and/or guardian of \_\_\_\_\_, I do herewith authorize the transportation to and/or treatment by a qualified paramedic and/or licensed medical clinic, hospital or physician of the minor child athlete listed above in the event of a medical emergency where in the opinion of the attending physician, paramedic or other qualified personnel may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me or the medical emergency is such that irreparable harm or injury would occur if treatment is delayed. Under such circumstances, emergency treatment will be undertaken and I will be contacted as soon as possible.

This release is intended to be effective from August 1, **2018** to June 30, **2019**.

This release form is completed and signed voluntarily with sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent or Guardian's Signature Best Telephone number \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Family Physician: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

List all allergies, illnesses, medication, or other conditions the coaches should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other contact in case of emergency: (Other than Parent)

Name / Relationship Contact number \_\_\_\_\_



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