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

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

☐ MALE	☐ BASEBALL	☐ TEE BALL	☐ SOFTBALL	☐ INSTRUCT SOFTBALL
☐ FEMALE	☐ SOCCER	☐ LOLLIPOP	☐ BASKETBALL	☐ 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 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 accessed on future sport sign-ups

I AGREE TO THE ABOVE CONDITIONS: _____

PARENT SIGNATURE

OTHER OPPORTUNITIES AVAILABLE WITHIN THE ORGANIZATION

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

ADDITIONAL COMMENTS: _____

Visit us on the web at www.stjohnaa.com for up-to-date information regarding our organization