



Seven Holy Founders Athletics Registration Form

Baseball Basketball Softball Volleyball

Child's Name: _____ Boy Girl
 Address: _____ Zip: _____
 Home Phone (_____) _____ Date of Birth (mm/dd/yy) _____
 Parent's Email Address (for communications): _____
 School Attending: SHF Other _____
 Parish of Registration: _____
 Grade During Season: (PK) (K) (1) (2) (3) (4) (5) (6) (7) (8) (HS)
 On a Non-CYC team of the same sport during the season? YES NO
 Shirt Size: _____ Shorts/Pant Size: _____ Interested in being a Referee/Scorekeeper
 Child's Previous Head coach: _____ NA
 Would you be willing to coach a team? YES NO Help coach? YES NO
 Print Name of Parent or Guardian: _____
 Parent or Guardian Signature: _____ Date _____

REGISTRATION FEE: (Family Maximum of \$150.00)

League \$60.00 per child (x) Number of children = _____ \$ _____
TOTAL FEE _____ \$ _____

Method of Payment: Cash Check/Payable to SHFAA Check # _____

Mail TO: SHFAA
P.O. Box 20212
St. Louis, MO 63123

UNIFORM

DEPOSIT: Registration must be accompanied with an additional \$50.00 signed post dated for each uniform. The uniform deposit check will only be deposit when the uniform is not returned by the date specified at the end of the season. (preK-2 Baseball and Softball do NOT need a uniform deposit.)

Uniform Deposit \$50.00 per child (x) Number of children = _____ \$ _____
 Uniform Deposit Check (s) # _____

PARENT'S COMMITMENT AND AGREEMENT

I agree to give my time to help support the Athletic Association by working assigned concession stand and/or other needed areas during the season. I hereby give my permission for the above named to participate in SHF sports, and I hereby relieve the Seven Holy Founders Parish and the SHFAA any responsibility for injury to my child while participating in this sport. If my child has commitments which conflict with SHF sports, I will do my best to give SHF sport a priority and work out conflicts with the coach of the child's SHF team. I certify that the information on this registration form is accurate. I also give SHFAA and/or its coach's permission to secure emergency medical treatment for my child in the event of an injury, and will disclose to the coaches and SHFAA any medical conditions for my child, which require special attention or treatment.