

St. Anne Soccer Registration, Fall 2011

Dear Parents and players,

Yes, it is that time again to register for the fall soccer season. (The registration forms are attached. Please return them to the school)

Who: We have teams for each grade, kindergarten to 8th grade when there are enough players to field a team. As in the past, there will be situations where we may need to combine grades in order to field a team and / or do a combined team with Fatima or SCDS. These types of decisions are made once we know who has registered from St. Anne's. Please get your registration in by the end of this year's school year. We have to register the teams and request field time during the summer break. We will make every effort to get all registered players on a team, but waiting until September to register hurts all of the St Anne soccer players.

What: Soccer and all the fun that goes with it and all for only \$60 per child. *The fee increases to \$75 if your registration is not received by June 17th.* If this fee causes a financial hardship for you please contact John Lamb at 206-321-7258. Please fill out one registration form per child. **Do not write a check for the Uniform deposit.** We will be handing out uniforms at the beginning of the season and we will collect the uniform deposit then.

The practices will start in late August for the older teams (Grade 5 to 8) and at the start of the school year for K thru 4. The season runs from the 2nd weekend in September to the last Saturday in October. There are playoffs for teams that qualify starting at the 6th grade up to the 8th grade.

Coaches: If you have coached soccer in the past at St. Anne's I will be calling you, but if you have not coached and would like to or just help out please call me at 321-7258.

If you have any questions related to soccer please feel to contact me.

John Lamb
Soccer Coordinator
321-7258

PLEASE GET YOUR REGISTRATION FORMS IN BY JUNE 17TH.

St. Anne School
CYO Sports Consent Form for Soccer

FEE: \$60.00(\$75.00 if received after June 17th)

Welcome to St. Anne School's CYO Sports Program. We hope your child will find the experience rewarding and will develop skills and friendships to last a lifetime.

Player's Name _____ Male _____ Female _____

Birth date _____ Grade(Fall 11') _____ School _____

Address _____ Phone _____

Parent/Legal Guardian Name _____

Address _____ Phone _____

Work Phone _____ ext. _____ Cell Phone/Page _____

Email Address _____

(Please include both parents' addresses/phones if different)

Alternate Emergency Contact _____

Address _____ Phone _____

SPECIAL MEDICAL CONDITIONS _____

Physician _____ Phone _____

Note: If the payment of the CYO soccer fee will cause you a financial hardship, please contact John Lamb at 206-321-7258.

I hereby consent to participation by my child in the Soccer Program. I understand that this event may take place away from the Parish grounds and that my child will be under the supervision of the CYO coaches/volunteers during the activity. I acknowledge that CYO coaches or representatives are not responsible for transportation

I fully recognize and understand that sports and recreation activities involve an element of risk of bodily injury. I will assume and accept those risks and hazards, which are incidental to such participation. My child has not special physical/medical conditions, except as listed above, and is fit for s strenuous physical activity. In consideration for the opportunity for my child to participate, should such risk or hazard cause illness or injury to my child I do hereby release, absolved, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, St. Anne Parish, its school, ins organizers, coaches, volunteers, sponsors, and those individuals transporting to my child to and from the activity.

(over)

Should such entities be guilty of gross negligence leading to serious illness, injury, or death of my child, it is recognized that I have the right to pursue legal redress. However, third parties (such as the place where the activity occurs) will be responsible for their own negligence and liability. I hereby authorize medical/dental care and treatment for my child, as necessary, while under the supervision of the CYO sports program representatives.

I will return all equipment and team uniforms at the end of the season in good condition.

Parent/Guardian Signature _____

Date _____