

## St. Thomas More Sports Information

We are excited that your child has indicated that he/she would like to participate in the St. Thomas More athletic program. Before your child is eligible to play he/she must return the registration form with the appropriate fee. The fee is used to pay coaches, cover league and tournament costs, field expense, and to maintain our uniforms and equipment. **This fee is payable at the time the child signs up.**

Parents are responsible for transportation to and from all practices and games. All students involved in athletics at Linwood Park and Dunning Field are required to give at least two hours of work to the park. If you are unable to give this time you have the option of paying an additional \$20 with your registration fee. This will satisfy our contractual agreement with the park board.

Our athletic program strives to provide an experience for your child in which he/she will grow as an individual, mentally and socially, as well as athletically. If you have any questions or suggestions, please call me, Gene Parrish, Athletic Director at 651-224-4836 Ext. 339.

<b>Sport</b>	<b>Grades</b>	<b>Fee</b>	<b>Estimated Season start/end date</b>
Soccer	5-8	\$70.00	Aug. 25 - Nov. 1
Cross Country	4-8	\$20.00	Sept 3- Oct 15
Volleyball	5-8	\$65.00	Sept. 16 – Nov. 1
Basketball	5-8	\$80.00	Nov. 15 – Feb. 15
Swimming	K-8	\$85.00	Jan. 14 – Apr. 7
Baseball	5-8	\$80.00	Apr. 1 – May 15
Softball*	5-8	\$80.00	April 1 - May 15
*Fast Pitch or Slow (circle one or both)			
Track	K-8	\$60.00	Apr.15 – May 31

# St. Thomas More Sports Registration

I give \_\_\_\_\_ permission to participate in \_\_\_\_\_,  
Name Grade

for the \_\_\_\_\_ season. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school, staff, coaches, and the Archdiocese of Mpls./St. Paul from any claims of lawsuits brought against the parish/school, staff, coaches, and the Archdiocese of Mpls./St. Paul, by myself, my child, or others, that arises by the behavior of my child at the event of activity. I also agree to pay reasonable attorneys fees or expenses incurred by parish/school, staff, coaches, and the Archdiocese in defense of such a claim/lawsuit. I assume all responsibility for providing full insurance coverage while my child is participating in any team related activity. My child is covered as of the date on this form. I understand that I will be contacted as soon as possible if an injury should occur to my child. I agree to promptly return any school-issued equipment/uniform at the end of the season. If the equipment is not returned I agree I/we will pay the school \$50.00 or the actual replacement cost if greater than \$50.00. I understand my child will not be eligible to participate in further school sponsored athletics until this fee is paid.

Please make checks payable to: St. Thomas More Catholic School

I have included an additional amount of \_\_\_\_\_ to help cover students who have a financial need.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Activity Emergency Card

Date \_\_\_\_\_ Activity \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Home # \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Work# \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell# \_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Work# \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell# \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

**Medical concerns we should know about**, i.e.: diabetes, epilepsy, asthma, allergies. Please list \_\_\_\_\_

\_\_\_\_\_  
Family Dr. \_\_\_\_\_ Phone# \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_