

St. John Bosco Athletic Association

Recruiting: Boys & Girls for the 2010 Soccer Season!!! Boys: K-8th grade Girls: K-12th grade

Registration Fees: 1st Child: \$95; 2nd Child: \$80; Additional Children: \$65. Uniform deposit: \$25.
Late fee of \$25 applies to registration forms that are received more than 1 week after sign up dates.

Registration Dates: Thursday, May 20th & Tuesday, May 25th

Registration Time: 6:30 p.m. to 8:00 p.m.

Location: St. John Bosco Parish Center located at 12934 Marine Ave. 63146

- Please make 2 separate checks payable to SJB Athletic Association. If you have more than 1 child signing up, you may combine the registration fee on 1 check, but you will need a **separate uniform deposit for each child**.
- Practice usually begins late July or early August depending on the individual coach. All games begin early September and run until middle of November.
- St. John Bosco supplies the Jerseys and socks only, parents/guardians will need to supply BLACK shorts, shin guards & outdoor soccer cleats.

For more information please contact the soccer commissioners:
Valerie Baker at (314) 576-2602 or Victor Migneco at (314) 469-5977

The St. John Bosco Athletic Association is independent of and not affiliated with nor sponsored by the Parkway School District or the Parkway Board of Education. The views, opinions and programs of the St. John Bosco Athletic Association therefore do not necessarily represent those of the Parkway School District.

St. John Bosco Fall 2010 Soccer Season Registration Form

Participants Name: _____ Male ___ Female ___
Address: _____
City: _____ State: _____ Zip: _____
School: _____ Grade for Fall 2010: _____ Age: _____ Date of Birth: _____
What Parish do you live in? _____
Preferred Coach: _____ Returning SJB Player? _____ Consider playing up: Yes ___ No ___
Does player have any physical handicap or allergy? _____ Jersey Size: _____

Mother/Guardian Name: _____ Home Phone: _____
Father/Guardian Name: _____ Home Phone: _____
Email address: _____
Emergency Contact Name: _____ Telephone Number: _____
Physician Name & Phone: _____

Willing to volunteer for: COACH COACHASST. TEAM MOM/DAD

Medical Release: The undersigned parent or guardian, on behalf of themselves and the above minor participant hereby agrees to release, indemnify and hold harmless the St. John Bosco Parish, the St. John Athletic Association, the league in which they belong or participate, the coordinators, managers, coaches, parents or any persons, including those who transport the participant to or from games and practices, for any damages or injuries as a result of their participation in this sport. They further agree not to file suit in the pursuit of any such rights. The undersigned parent or guardian gives consent to the above listed Physician and the SJBAA and its representatives to render such treatment as may be proper or necessary in my absence that cannot be delayed with out the serious consequences for the child's well being.

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICIAL USE ONLY

Amount Paid: _____ Check #: _____
Deposit Received: _____ Check #: _____
Date Received: _____ By: _____ Grade: _____ Male: ___ Female: ___