

    **St. John Bosco Athletic Association**    

**2012 Baseball/Softball Season for Boys & Girls – Age 5 through Grade 8**

(Games run April through June 2012)

**Registration Fees:**      **Pre-K and K teams: \$25 per player\***      **1<sup>st</sup> grade teams: \$50 per player\***  
                                 **2<sup>nd</sup> grade teams: \$75 per player\***      **3<sup>rd</sup> through 8<sup>th</sup> grade: \$95 per player\***  
                                 \*A uniform deposit of \$25 is required for each registered player

Please make separate registration and uniform deposit checks for each player payable to SJB Athletic Association.

**Mail completed registration form, registration check, and uniform deposit check to:**  
Rodney Arnold, 13267 Windygate Lane, St. Louis, MO 63146

For additional information please contact Rodney Arnold, Baseball/Softball Commissioner for SJBA:  
Phone: 314.920.5764  
Email: sjbbaseball@gmail.com

**\*\*\*\*\*Please register by February 15, 2012 or call to check for team availability\*\*\*\*\***

*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.*

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**St. John Bosco Baseball/Softball Registration Form**

Player's Name: \_\_\_\_\_ Male  Female   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Catholic Parish Boundaries in which you live \_\_\_\_\_ Play on another team? Yes  No   
Are you Catholic? Yes  No  If Yes: Registered Parish \_\_\_\_\_ PSR Night \_\_\_\_\_  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Any physical handicap or allergy? Yes  No   
Jersey Size (CIRCLE): Adult Large   Adult Medium   Adult Small   Youth Large   Youth Medium   Youth Small

Mother/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mother Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Father Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ will volunteer for   **COACH**   **COACH ASST.**

**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 Bosco 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 SJBA and its representatives to render such treatment as may be proper or necessary in my absence that cannot be delayed without the serious consequences for the child's well being.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Registration      Date Received \_\_\_\_\_      Check #: \_\_\_\_\_      Amount \_\_\_\_\_  
Uniform Deposit      Date Received \_\_\_\_\_      Check #: \_\_\_\_\_      Amount \_\_\_\_\_

