

ST. NORBERT ATHLETIC ASSOCIATION

SPORT REGISTRATION FORM

Sport Season : ___ Baseball/Softball ___ Soccer ___ Volleyball ___ Basketball ___ Golf

Player Information: For Baseball/Softball/Basketball Enter Present Grade/School
For Soccer/Volleyball Enter Grade/School Attending in the Fall

Player's First Name	Player's M.I.	Player's Last Name	Grade	School / District
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address			Zip Code	Phone number
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth	Sex	Parish of Registration	PSR Student	Florissant Resident / card #
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> M / <input type="checkbox"/> F	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No # _____
Played last year	Head Coach	Will play on additional team	Tryout for competitive team (5th or 7th grade)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health conditions or comments				
<input style="width: 95%;" type="text"/>				

Parent's Information:

Father's Name	Phone number	E-Mail Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mother's Name	Phone number	E-Mail Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Father willing to be		Mother willing to be
<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Team Parent		<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Team Parent

I acknowledge that, as parent/legal guardian,
 That I am required to fulfill a work obligation in compliance with the current Parent work Commitment Policy (PWC) as set forth by SNAC
 That a PWC check of \$50 is required per child, per sport.
 That my PWC check(s) will be destroyed upon completion of my commitment or cashed if obligation is not met.
 That SNAC reserves the right to carry over any unfulfilled work commitment into following sport seasons.

Make checks payable to
SNAC

I hereby permit my child to participate in the St. Norbert Athletic Program

Parent's Signature	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parent's Comments	
<input style="width: 95%;" type="text"/>	

Please note: if your family is not registered with St. Norbert as a member of the parish and you live outside the parish boundaries, your child will not be allowed to participate on a St. Norbert team after 2nd grade, unless a release is granted.

Payment Information	For SNAC use
1 Child \$75.00/Sport _____	___ Payment included with sibling
2 Children \$150.00/Sport _____	___ Cash
Family Rate / Same Sport \$175.00/Sport _____	___ Check # _____
PWC Buyout \$50.00/Child/Sport _____	___ PWC Agreement Completed
Late Charge \$15.00/Child/Sport _____	
Total: _____	
Received By:	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Payment Comments	
<input style="width: 95%;" type="text"/>	

___ Soccer/Volleyball Season

___ Basketball Season

___ Baseball/Softball Season

St. Norbert Athletic Commission

Parent Work Commitment Agreement (PWC)

Please Print

Parent/Legal Guardian: _____ Phone: _____

Address: _____ E-Mail Address: _____

Athlete's Name:	1 _____	Grade: _____
	2 _____	Grade: _____
	3 _____	Grade: _____
	4 _____	Grade: _____
	5 _____	Grade: _____

I acknowledge that, as parent/legal guardian, I am required to fulfill a work obligation in compliance with the current Parent Work Commitment Policy as set forth by the St. Norbert Athletic Commission. According to this Policy, I understand that **I am responsible to work a minimum of 4 points for each registered child, per sport, or I may choose to "buy-out" of this responsibility at a cost of \$50 per child, per sport.** There is a 10 (ten) point family maximum per each sport season.

I am aware and I agree to adhere to all requirements and fines of the Parent Work Commitment Policy. I realize that this new policy has been modified to make it the ultimate responsibility of myself, as the parent/legal guardian, to pay or work my points. It is no longer the responsibility of the team parent, coach or team manager to make certain that my point commitment has been met. I also realize that any person performing work obligations must be **at least 21 years of age** in order to satisfy my point commitment.

I understand that my \$50.00 PWC check will be destroyed upon completion of my commitment. I also understand that if I do not work off my point commitment, I will be subject to the current \$50 "buy-out" fee per child, per sport. No children allowed in concession area

I understand that SNAC reserves the right to carry over any unfulfilled work commitment points into the following sport season(s)..

I would be willing to work in the following areas:

General

- | | | |
|--|--|--|
| <input type="checkbox"/> Sport Manager | <input type="checkbox"/> Sport Coach | <input type="checkbox"/> Sport Team Parent |
| <input type="checkbox"/> Sport Coordinator | <input type="checkbox"/> SNAC Board Member | <input type="checkbox"/> Field Day Projects |
| <input type="checkbox"/> Concession Stand Worker | <input type="checkbox"/> Trash Pick-up | <input type="checkbox"/> SNAC Sponsored Fundraiser |

Additional Soccer/Volleyball Choices

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Volleyball Gym Guard | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Grass Cutting |
| <input type="checkbox"/> Trimming | <input type="checkbox"/> Striping | <input type="checkbox"/> Tournament Referee |

Additional Basketball Choices

- | | |
|---|---|
| <input type="checkbox"/> Basketball Gym Guard | <input type="checkbox"/> Tournament Referee |
|---|---|

Additional Baseball/Softball Choices

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Grass Cutting | <input type="checkbox"/> Trimming |
| <input type="checkbox"/> Parish Picnic (if applicable) | <input type="checkbox"/> Tournament Umpire | |

Other: _____

Parent's/Guardian's Signature: _____ Date: _____

To Be Completed By SNAC Member:

Athletes _____ X 4 Points = _____ (10 pt Family Max/Sport Season) Buyout or Exempt Position: _____