

ST. STANISLAUS ATHLETIC ASSOCIATION

2020 FALL SOCCER REGISTRATION FORM

Grades 1 – 8

Registrations due Friday Sept 4th

Player's name: _____

Complete Address: _____

Date of Birth: _____ **GRADE:** _____ School: _____ Parish: _____

Parent name: _____ Phone : _____ Text OK? **Yes or No**

Parent name: _____ Phone : _____ Text OK? **Yes or No**

Email Address(es): _____

Did your child play for St. Stan's last year? **Y/N** Last Year's Coach: _____

Does your child have allergies? **Yes or No** If yes, to what? _____

Are you willing to COACH (**Yes or No**) or ASSIST (**Yes or No**) with your child's team?
Volunteer coaches help make the Athletic Association a success.

*****ALL Coaches and Assistants MUST fill out a CORI form*****

I have read the corresponding Soccer Rules online & agree to follow them accordingly **Yes or No**

Parent signature: _____

Shirt size (please check one):	<input type="checkbox"/> Child-small	<input type="checkbox"/> Adult-small
	<input type="checkbox"/> Child-medium	<input type="checkbox"/> Adult-medium
	<input type="checkbox"/> Child-large	<input type="checkbox"/> Adult-large
	<input type="checkbox"/> Child-XL	<input type="checkbox"/> Adult-XL
Shoe Size for Socks: _____		

Registration fee: \$45.00

Send registration with fee payable to St. Stan's Athletic Association, 534 Front St, Chicopee, MA 01013.

****Registrations received without payment will NOT be placed on roster***

Registration forms submitted late will only be accepted if there is room on the roster due to roster size limits and St. Stan's Athletic Association commitment date to the Parks & Rec League.

**Any questions, please contact Athletic Association at (413) 592-5135 or
StStansAthletics@saintstansschool.org**

FEE PAID _____ CASH _____ CHECK# _____