ST. STANISLAUS ATHLETIC ASSOCIATION

2018 BASEBALL/SOFTBALL PRE-REGISTRATION FORM

Grades 1 – 8

*\*Due Friday, February 16th to arrange clinics*

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 and take VIRTUS training\*\****

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt size (please check one): [ ]  Child-small [ ]  Adult-small

 [ ]  Child-medium [ ]  Adult-medium

 [ ]  Child-large [ ]  Adult-large

 [ ]  Child-XL [ ]  Adult-XL

**Registration fee:** $55.00

Send **registration with fee** (CHECKS MADE PAYABLE TO THE *ST. STAN’S ATHLETIC ASSOCIATION)* into school with your student or mail to us at, 534 Front St, Chicopee, MA 01013.

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

Registration forms received after March 1st, will only be accepted if there is room on the roster due to roster size limits and St. Stan’s Athletic Association commitment to the Parks & Rec League.

Refunds for inability to play will be granted at 50% after clinics have been held.

**Any questions, contact us at StStansAthletics@st.stanislaus.mec.edu or (413) 592-5135**

# FEE PAID \_\_\_\_ CASH \_\_\_\_\_ CHECK#\_\_\_\_\_\_