ST. STANISLAUS ATHLETIC ASSOCIATION

SPORTS REGISTRATION FORM

Grades 1 – 8

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 season? 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.

***I UNDERTAND THAT TO PARTICIPATE IN ST STANS ATHLETICS PROGRAMS I MUST BE REGISTERED THROUGH THE TEAMSNAP PLATFORM TO COMMUNICATE WITH COACHES AND SIGN DOCUMENTS***

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

Shirt size (please check one):  Youth-small  Adult-small

Youth-medium  Adult-medium

Youth-large  Adult-large

Youth-XL  Adult-XL

**Registration fee:** TBD

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***

**Any questions, please contact Athletic Association at (413) 592-5135 or St.Stanislaus.Athletics@gmail.com**

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

**St. Stanislaus Parish/School Athletic Association**

**Student/Athlete/Parent Code of Conduct**

**\*\*\*Students will not be allowed to participate in an athletic program unless there is a signed Code of Conduct form on file.\*\*\***

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge and agree that I will abide by the following rules of conduct at any St. Stanislaus sponsored athletic event:

1. I will not hinder, degrade, or challenge any players or coaches from any organization, in any way, during a practice or game in which St. Stanislaus teams participate. This includes student/athlete teammates or players on any St. Stanislaus athletic team.
2. I will not hinder, degrade, or challenge any referee or officials action/judgments, including players or parents of any youth organization or team, in any way that is detrimental to the running of any practice or game in which St. Stanislaus teams participate.
3. If any behavior is deemed inappropriate by officials, coaches, or the St. Stanislaus Athletic Association Board, the following will occur:
   1. **First Offense:**

I will be prohibited from all practices and games for 1 week.

* 1. **Second Offense:**

A second offense will result in the banishment from all practices and games until a review with the St. Stanislaus Athletic Association Board, the coach, parent/guardian and the student/athlete to review the violations. This meeting will determine if the student/player will be able to compete in ANY St. Stanislaus Athletic Association teams going forward for the remainder of the school year.

1. I will comply with *ALL* League Rules, including COVID-19 regulations for this season.

**Students out of school will not be allowed to participate in the athletic program for the day of absence**

PRINT STUDENT/ATHLETE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT/ATHLETE SIGNATURE (Gr 3 & up): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Saint Stanislaus Athletic Association provides a positive atmosphere for promoting youth athletic activities through sportsmanship, good citizenship, discipline, teamwork, strong minds, and healthy bodies. All sports activities are undertaken to encourage maximum participation, with the level and length of the competition commensurate with the physical and emotional development of each child.**