

Dear Parents,

We are having Soccer Sign Up. Please complete the form (one per child) and return to school by Monday, May 16th to the school office. The fee is \$30 per child, max of \$50 per family. **There will be a \$10 late fee per family for registration after this date.** Please make checks payable to St. Rose Youth Association and **return this form to school.** **If you have any uniforms your child is not currently using please turn them in to school to Mr. Brian Holtgrave's room. Look in those closets ☺**

**St. Rose Youth League Registration/Health Form
(Please fill out one for each child)**

Child's name _____

Circle One **Male** **Female** Date of Birth _____

Current Grade _____ Current Age _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Text Phone #(s) _____

Address _____

E-mail Address _____

Physician's Name and Phone _____

Interested in coaching? Practice _____ Game _____

Will your child play on 2 teams if needed Yes _____ No _____

Are you (know someone) willing to umpire/referee? Yes _____ No _____

Parent authorization: In the event I cannot be reached in an emergency, I hereby give permission to the physician named above, or if my physician is not available, to the physician selected by the adult in charge, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Parent Signature _____

Date _____

Payment Type (Circle One): **Check** # _____ -OR- **Cash** **Amt Paid:** _____