

2019 St. Pius X Soccer Registration

For children who will be in Grades Pre K-8 Fall 2019

Please enclose payment (make check payable to SPXAA) \$75 per child for U8 and older. \$50 per child for the clinic program. Please note at this time we can only accept checks.

Please return the registration to the St. Pius X Parish or School Office 6428 York RD Baltimore, MD 21212

Child's Name		Birthdate		Grade in Sept 2019	
Address (Street/Apt.#/City/State/Zip)				e-mail	
Parent Name		Phone		Willing to help? (Y/N)	Willing to coach? (Y/N)

Check one-

Clinic Pre K-K	Boys Under 8	Girls Under 8	Boys Under 10	Girls Under 10	Boys Under 12	Girls Under 12	Boys Under 14	Girls Under 14

Uniform Size – Please mark if your child should be in a youth or adult size

Shirt Size				Pant Size				
Small	Medium	Large	Extra Large		Small	Medium	Large	Extra Large

School	If NOT St. Pius, does your school offer soccer? (Y/N)
Place of Worship	Attend St. Pius Religious Ed? (Y/N)

Parent/Guardian Authorization

In consideration of the wholesome recreation and/or learning experience in which my/our child will participate, I/we, as parent/s or guardian/s of _____, allow my/our child to participate in Archdiocesan soccer league/s. By so permitting my/our child to participate, I/we expect reasonable and adequate supervision of my/our child. It is thus agreed that I/we hold the individual parish, school, gym site, and the Roman Catholic Archbishop of Baltimore, a Corporation Sole, and all their agents, servants and employees harmless from all liability and all legal proceedings arising from any injuries connected with games, practices, and/or transportation to and from same, unless caused by or due to gross negligence of either the Corporation, their agents, servants, or employees. I/we hereby grant permission to the adult coach in charge to obtain medical care from a licensed physician, hospital, or medical clinic for my/our child in the event that I/we cannot be reached. Further I/we hereby inform pertinent medical personnel that there are/are not medical conditions they should be aware of as attached to this form. My/our child is covered by medical insurance with:

Medical Information is Required for Registration

Medical Insurance Co.	Policy #
Parent/Guardian Signature	Date

Office Use Only:

Check #:	Cash: \$	League:
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