

**Trinity Catholic School Booster Club**  
**2010-2011 Athlete Registration**  
**\_\_\_ volleyball \_\_\_ basketball \_\_\_ soccer**

To all students and their parents interested in participating in **TCS Sports:** If you would like to participate, please complete the attached Registration Forms and return them to Trinity. Please enclose the \$25.00 fee. Check can be made payable to Trinity Catholic School Athletic Booster Club.

Also, we are asking any parents interested in coaching or assisting a coach to sign up. Without the volunteer coaches and assistant coaches, Trinity Catholic School students would not have the opportunity to play these sports. No experience needed! You must be Safe Environment Trained. Information about training is located on your school calendar. A positive attitude and a desire to teach teamwork and athletic participation is all that's needed.

Sincerely,

Erica Poirier  
Athletic Booster Club President

**(Fill out all three (3) forms and return)**

---

## REGISTRATION

Student Name: \_\_\_\_\_

Grade in 2010-11: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Shirt Size (circle one)    6/8      10/12      14/16    AS      AM

Father's Name \_\_\_\_\_

Phone # : \_\_\_\_\_ 2<sup>nd</sup> # \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ 2<sup>nd</sup> # \_\_\_\_\_

Amount enclosed (\$25.00 ) : \_\_\_\_\_ [check # \_\_\_\_\_ or cash]

I, \_\_\_\_\_ would like to \_\_\_ coach or \_\_\_ assistant coach.

**Contact telephone number** \_\_\_\_\_.

**Safe Environment Trained** \_\_\_\_\_ **yes** \_\_\_\_\_ **no** \_\_\_\_\_

## **Athletic Release Form**

Dear Parent(s),

Participation in athletics has many rewards and can provide tremendous enjoyment. However, it is important for both the participant and his or her parent(s) to realize that an element of physical risk is present when one is involved in athletics. The purpose of this letter is to clarify the school's position in terms of insurance coverage and to obtain your permission to secure the quickest medical assistance possible if your child should be injured when you are not present.

Trinity Catholic School's insurance coverage, like that of all schools, does not cover personal injury that is the result of athletic participation. It is most important that you check with your own insurance carrier to be certain that athletic injury for your child would be covered by your own policy.

Players are responsible for providing their own transportation to and from games. The school's insurance policy does not cover injury that would result from an accident incurred going to and from practice or game sites. Parents transporting their children and parents who volunteer to transport others to and from practice and/or games are responsible for their own insurance coverage during transportation.

Sincerely,

Rosemary Pierre  
Principal

***Please complete the following information and return to the school office.***

Student Name: \_\_\_\_\_ Grade in 2010-11 \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Does the above named student have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No**

Parent whose policy covers student/athlete: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

I hereby give permission to the proper authorities to seek appropriate medical assistance for our child in the event of any injury. I likewise understand that neither Trinity Catholic School nor any of its coaches will be liable for the payment of medical costs in the event of injury sustained in athletic participation. I assure Trinity Catholic School that I am duly authorized to execute this document.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Letter to the Parent's of Participants in School Athletics

Dear Parent(s),

Our school teams exist by the permission of the administration of our school. Participation in Trinity Catholic School athletics is a privilege. Following is a list of the expectations of the parents and students that participate in school athletics:

### Parents are responsible for:

1. Paying a fee of \$25.00 per child, per sport to the Trinity Catholic School Athletic Booster Club for their child's participation in each sport. The fee is non-refundable.
2. Providing transportation to and from games for their child while participating in school athletics.
3. Participating in Trinity Catholic's Athletic Booster Club activities, including fund raising events. At the end of the school year the Booster Club will have a banquet for all sports. Awards are presented to all sports participants at that time. Parents are urged to attend and participate.
4. Making all possible attempts to attend the games for the sport(s) that their child participates in.
5. Working concessions at their scheduled time during games and tournaments of the sport(s) that their child participates in.

### Students are responsible for:

1. Their conduct at all practices and games for the sport(s) that they participate in as well as their conduct at school. Failure to behave appropriately at school may result in extra laps at practice, less or no playing time during games, or suspension from the team depending on the infraction.
2. Conducting themselves in a manner that will reflect a positive image of Trinity Catholic School during athletic activities.
3. Informing their coach in advance when they will not be able to attend practice or games. Failure to do so may result in termination from the team.
4. Maintaining a "C" or better conduct grade.

**(sign and return form below)**

I, the parent(s) of \_\_\_\_\_ completely understand my responsibility as the parent(s) of a child participating in school athletics at Trinity Catholic School.

\_\_\_\_\_  
Parent's Signature

I, \_\_\_\_\_ completely understand my responsibility as a student participating in school athletics at Trinity Catholic School.

\_\_\_\_\_  
Student's Signature