

St. Andrew / St. Elizabeth Ann Seton Boosters 2009-2010 Registration Form

SASEAS BOOSTERS ELIGIBILITY AGREEMENT

The Player:

- Belongs to either St. Andrew or St. Elizabeth Ann Seton Parish or attends SASEAS School
- Attends Mass on a regular basis
- Attends a Catholic School, PRE program or a religious education program approved by the Pastor
- Maintains passing grades in all school subjects and is willing to show proof of academic standing
- Attends practices (unless sick) and listens to their coach
- Conducts themselves in a Christian manner, which will reflect credit on our school and parishes

Parent(s)/Guardian(s):

- Will read and abide by the guidelines outlined in the Booster Handbook (online at www.saseasboosters.org)
- Will ensure the player continues to meet all eligibility standards throughout the season.
- Will immediately report player ineligibility to their coach and will not permit the player to participate in practices or games until they can document that the player meets eligibility requirements.

The Parent or Guardian of the participant also agrees to the following:

- Coaches, school officials and volunteers, including drivers are not responsible for any liability or damages resulting from participation, or attendance at, any SASEAS Boosters program including, but not limited to, practices, games, open gym times and transportation to and from any such event.
- Damages to parish property and loss or damage of uniform will be the financial responsibility of the parents or guardian.
- The coaches may perform emergency first aid as required.
- Every family will help with concessions and entry gates during a few of their child's home games and tournaments or finds a substitute to do so. Parents will also be asked to support SASEAS Boosters programs by helping with other events and fund-raisers throughout the year.
- Authorize the Booster's President to access the child's academic records if there is a question of eligibility.
- Registration fees are payable to **SASEAS Boosters** and due at time of registration.
- Registration fees are **NON-REFUNDABLE** unless a valid medical release form accompanies such request.

Signature of Parent/Guardian _____	Date _____	Signature of Player _____	Date _____
Player's Name (pleaseprint) _____			
Street Address _____			
City & Zip _____		Home Phone # _____	
E-Mail Address _____		Player's Birth Date _____	
Parish _____	School _____	2009/2010 Grade _____	
Sport (circle one): Basketball Cross Country Volleyball Football Baseball Softball			
Parent/guardian volunteering to coach? _____ Name _____			

If mailing the form, send to: Tish Marquardt 5851 Whitegate Court, Milford, Ohio 45150

Do Not Write Below This Line

Family Fee Paid - \$50 Annual Sport Fee \$40/\$70(football)	Amount Paid _____	Amount Owed _____	Check# _____
	Amount Paid _____	Amount Owed _____	Check# _____