

P.A.R.A Soccer Registration Form

Parish and Catholic School Sports League

Participant Name: _____

Address: _____ zip _____

Home Phone # _____

Boy: _____ Girl: _____ Grade _____

Father's Name: _____

Mother's Name: _____

E – Mail: _____

Cell Phone's: Mom _____ Dad _____

Parish: _____

School: _____

Uniform Size Child XS ___ SM ___ MED ___ LG ___
Adult SM ___ MED ___ LG ___ XL ___

Fee to participate is \$45.00. Please attach check to registration form; checks can be made out to SJB.

Parent Interested in coaching a team _____ asst. coach _____

Parent Interested in volunteering _____ team parent _____

(Please go to www.scevaa.org for more information on coaching and volunteering.)

Registration forms will need to be turned into the Elementary or Middle School offices by (extended to) **March 30 , 2006.**

Consent to participate form, medical information form and code of conduct forms will be collected and due at the players and parents **mandatory** meeting in April.

Fees Paid: Date _____ Amt \$ _____ Check # _____ Cash _____