

St. Mark School
Archdiocese of Los Angeles
 912 Coeur d'Alene Avenue
 Venice, CA 90291
 (310) 821-6612

Daily Sports Information on the website www.stmarkschool.com

**SPORTS REGISTRATION FORM, FEE SCHEDULE
 AND PAYMENT AGREEMENT 2018-2019**

Student Athlete: _____ Sport: _____

Program Fees:

By signing this form below, I agree to abide by the requirements as set forth in this document. I understand that payment (by cash, check, credit card or venmo) in full is due prior to the start of each season. Any unpaid fees will be rolled over to FACTS before the end each season.

Sports	A Teams	B Teams	C Teams
Boys Football (Fall)	\$225	\$225	\$225
Girls Volleyball (Fall)	\$225	\$225	\$225
Cross Country (Fall) 4th grade and older	\$200	\$200	\$200
Basketball (Winter)	\$225	\$225	\$225
Track (Spring) 2nd – 8th grades	\$200	\$200	\$200
Soccer (Spring) 5 th grade and older	\$225	\$225	N/A
Boys Futsal (Spring) 2 nd - 4 th	N/A	N/A	\$225
Girls Futsal (Spring) 2 nd - 4 th	N/A	N/A	\$225

I understand that **fees will be PAID PRIOR TO PARTICIPATION.** Please submit payment for full program fees to the Main Office in an envelope marked "Sports Program Registration".

 Parent or Guardian (please print name)

 Parent or Guardian (signature)

Date: _____

**ST. MARK SCHOOL
ARCHDIOCESE OF LOS ANGELES
SPORTS OR YOUTH ACTIVITY/SERVICE PERMISSION FORM
FORM #E.2.1**

YOUTH ACTIVITY/SERVICE: **2018/2019 After School Sports Program.**

Practice and games, including some weekend tournaments, per published sports schedule. The school does NOT provide transportation for these activities. Parents will arrange their children's transportation to all events.

CHILD'S NAME _____ GRADE _____
HOME PHONE _____ BIRTH DATE _____
PARENT/GUARDIAN'S NAME _____ CELL PHONE _____
ADDRESS _____ WORK PHONE _____
(STREET, CITY, ZIP)

E-MAIL ADDRESS: _____

PERSON (S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

I, THE PARENT (GUARDIAN) OF THE ABOVE NAMED CHILD, HEREBY GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE YOUTH ACTIVITIES NAMED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL OR ARCHDIOCESAN PERSONNEL RESPONSIBLE FOR YOUTH ACTIVITIES.

I AGREE THAT IN THE EVENT MY CHILD IS INJURED AS A RESULT OF HIS/HER PARTICIPATION IN THE ABOVE NAMED YOUTH ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM THESE ACTIVITIES, WHETHER OR NOT CAUSED BY THE NEGLIGENCE (ACTIVE OR PASSIVE) OF THE PARISH/SCHOOL OR ARCHDIOCESAN YOUTH ACTIVITIES PROGRAM, OR ANY OF ITS AGENTS OR EMPLOYEES, RECOURSE FOR THE PAYMENT OF ANY RESULTING HOSPITAL, MEDICAL OR RELATED COSTS AND EXPENSES WILL FIRST BE HAD AGAINST ANY ACCIDENT, HOSPITAL OR MEDICAL INSURANCE OR ANY AVAILABLE BENEFIT PLAN OF MINE OR OF MY SPOUSE.

I AM NOT AWARE OF ANY MEDICAL CONDITION OF MY CHILD THAT RENDERS IT INAPPROPRIATE FOR HIM/HER TO PARTICIPATE IN ANY SUCH ACTIVITY.

I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE YOUTH ACTIVITIES SUPERVISORY PERSONNEL THEN PRESENT TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____