



**SPORTS REGISTRATION  
ST. THOMAS AQUINAS REGIONAL SCHOOL ATHLETICS  
FALL SEASON 2018**

Students in grades (6-8) are eligible to participate in the following sports:  
Girls in grades 4-8 have first priority to participate in cheerleading.

(Please check one and return the applicable fee)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Make Checks Payable to: St. Thomas Aquinas Regional School**

- |                          |                     |                                |
|--------------------------|---------------------|--------------------------------|
| <input type="checkbox"/> | Boys' Soccer        | Fee: \$80.00                   |
| <input type="checkbox"/> | Girls' Cheerleading | Fee: \$105.00 new cheerleaders |
| <input type="checkbox"/> | Girls' Volleyball   | Fee: \$80.00 Varsity           |
| <input type="checkbox"/> | Girls' Volleyball   | Fee: \$80.00 JV                |

Students participating in a school sponsored sport must have a sports physical. The only form that will be accepted for a student participating in a school sponsored sport is the **St. Thomas Aquinas Regional School Athletic Participation/Parental Consent/ Physical Examination Form**. The form can be found in the school office, clinic, or on the school website @ [www.aquinastars.com](http://www.aquinastars.com). The sports physical must be dated on or after June 1, 2018. Please direct questions regarding the sports physical to the school nurses at (703) 491-4447, ext. 278. No other physical forms will be accepted.

Please provide your email below, as you will be contacted by a Team Parent regarding information concerning try-outs, practice times, and games, as soon as possible. It is the parent's responsibility to provide transportation to and from practices and games. **Any game scheduled on early out days or after school hours will have transportation provided by parents.** If other transportation arrangements are to be made (i.e. bus), the Athletic Department will provide information, fees, and permission forms for each event that requires transportation.

**To be completed by the parent/guardian:**

I give my son/daughter, \_\_\_\_\_, permission to participate in the St. Thomas Aquinas Regional School Athletic Program. As the parent/guardian of the participant, I recognize and acknowledge that there are certain risks associated with participation in sports and I assume the full risk of any injuries, damages, loss or death which may occur as a result of participating in any and all activities connected with the STARS Athletic Program.

I understand that neither STARS, nor any of its agents can assume responsibility for any injury that might occur while participating in this program. In the event of any emergency, if I cannot be contacted, the school has my permission/authorization to transport and seek any medical treatment deemed necessary for my child's immediate care, at the nearest emergency room and that I will be responsible for payment of any and all medical services rendered.

\_\_\_\_\_  
**Parent's Signature**                      **Email**                      **Date**

Athletic Office Use Only: FALL    Payment \_\_\_\_\_ Check# \_\_\_\_\_ CC \_\_\_\_\_ Cash \_\_\_\_\_  
 Physical \_\_\_\_\_ Registration \_\_\_\_\_ Transp./Uniform \_\_\_\_\_ PPF \_\_\_\_\_ Conc \_\_\_\_\_