



**SPORTS REGISTRATION
ST. THOMAS AQUINAS REGIONAL SCHOOL ATHLETICS
FALL SEASON 2021-2022**

Students in grades (7-8) will be eligible to try-out for the following sports. If the roster has openings, students in 6th grade will have an opportunity to try-out. All athletes must have registration fee and all paperwork complete before the try-out.

(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 (6 th -8 th) |
| <input type="checkbox"/> | Girls' Volleyball Varsity | Fee: \$80.00 (7 th -8 th) |
| | Girls' Volleyball Practice Squad | Fee: \$50.00 (6 th -8 th) practice squad |

*** Girls (7th-8th) registering for volleyball must pay \$80 to try out. If they are placed on the practice squad they will be refunded \$30. 6th graders registration \$50.

No refunds after teams have been selected. Space is limited for all sports.

Please print your email below, as you will be contacted by a Team Parent regarding information concerning practice times, and games. Information can also be found on the Athletic Website. It is the parent's responsibility to provide transportation to and from practices and games.

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 _____