



**SPORTS REGISTRATION  
ST. THOMAS AQUINAS REGIONAL SCHOOL ATHLETICS  
FALL SEASON 2022-2023**

Students in grades (6-8) will be eligible to try-out for the following sports. 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 <sup>th</sup> -8 <sup>th</sup> ) |
| <input type="checkbox"/> | Girls' Volleyball Varsity/ JV | Fee: \$80.00 (6 <sup>th</sup> -8 <sup>th</sup> ) |

***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.

_____	_____	_____
<b>Parent's Signature</b>	<b>Email</b>	<b>Date</b>

Athletic Office Use Only: FALL    Payment \_\_\_\_\_ Check# \_\_\_\_\_ CC \_\_\_\_\_ Cash \_\_\_\_\_

Physical \_\_\_\_\_ Registration \_\_\_\_\_ Transp./Uniform \_\_\_\_\_ PPF \_\_\_\_\_ Conc \_\_\_\_\_