SPORTS REGISTRATION
ST. THOMAS AQUINS REGIONAL SCHOOL ATHLETICS
SPRING SEASON 2021

Students in grades (5-8) are eligible to participate in the following sports:

(Please check one and return the applicable fee)

Student's Name:_____Grade: _____

Make Checks Payable to: St. Thomas Aquinas Regional School

☐	Boys Baseball (5th-8th)	Fee: $80.00
☐	Girls Soccer (6th-8th***)	Fee $80.00
☐	Boys & Girls Track (6th-8th)	Fee: $50.00
☐	Track & another Spring Sport	Fee: $100.00

*** Priority registration given to upper grades first

Make Checks Payable to: St. Thomas Aquinas Regional School or pay via card through the business office 703-491-4447 ext. 215

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. The sports physical must be dated on or after June 1, 2021. Please direct questions regarding the sports physical to the school nurses at (703) 491-4447, ext. 278. No other physical forms will be accepted.

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: SPRING Payment _____CC _____Check#_____ Cash

Physical_____Registration_____Info_____Transp._____Uniform_____Conc_____