SPORTS REGISTRATION
ST. THOMAS AQUINS REGIONAL SCHOOL
ATHLETICS WINTER SEASON 2024-2025

Students in grades (6-8) 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' Basketball (Varsity/JV)	Fee:	$90.00
☐	Girls' Basketball (Varsity/JV)	Fee:	$90.00
☐	Girls' Cheerleading – One season	Fee:	$90.00
	Any 2 sports - sibling bundle	Fee:	$150.00

Teams may fill before registration closes. Please turn in registration form and fee as soon as possible to ensure a spot on the team.

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, 2024. 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: WINTER Payment _____CC _____Check# _____ Cash

Physical_____Registration_____Info_____ Transp._____Uniform_____ Conc_____