

Blessed Teresa of Calcutta Athletic Association

Sport Registration Form

CIRCLE SPORT:

Baseball/Softball

Soccer

Volleyball

Basketball

Golf

FAMILY INFORMATION (please print):

Parent/

Guardian Name: _____

Address: _____

Phone: _____

E-mail: _____

Do you wish to volunteer as a coach? Head Coach Asst. Coach

All coaches and managers must attend Protecting God's Children class, sign code of ethics form and attend Coaches Concepts.

Is your family registered as parishioners at BTC? YES NO

Is your family registered in another Catholic parish? YES NO

If so, which parish: _____

PLAYER INFORMATION (please print)

1. Player's Name: _____

Birthdate _____ Sex _____ Grade _____

School Attending _____

If not attending Catholic School, attends PSR on what night? _____

Public School District _____

Owens BTC uniform: YES NO Uniform# _____

Is this child playing this sport for another team during the season? YES NO

2. Player's Name: _____

Birthdate _____ Sex _____ Grade _____

School Attending _____

If not attending Catholic School, attends PSR on what night? _____

Public School District _____

Owens BTC uniform: YES NO Uniform# _____

Is this child playing this sport for another team during the season? YES NO

3. Player's Name: _____

Birthdate _____ Sex _____ Grade _____

School Attending _____

If not attending Catholic School, attends PSR on what night? _____

Public School District _____

Owens BTC uniform: YES NO Uniform# _____

Is this child playing this sport for another team during the season? YES NO

Insurance is not included in this registration fee. Parents/guardians are expected to provide their own insurance. By signing below, I hereby release from liability, the CYC Athletic Assoc., Blessed Teresa Church and School for any accident or injury incurred by my child while participating in the CYC programs, during practice sessions, games, and trips to and from any of these activities.

Print Family Name: _____

Signature of Parent or Guardian _____

FEES	REGISTRATION	CONCESSION	TOTAL
1 CHILD	\$50	\$50 (1 shift)	\$100
2 OR MORE	\$75	\$100 (2 shifts)	\$175

The concession stand is our main source of revenue for the athletic programs, and as a participant, it is your responsibility to work 1 or 2 concession stand shifts at Blessed Teresa (gym or fields). You will receive your \$50/\$100 concession shift money after working your shift/shifts.

Name of concession volunteer _____

Phone # _____ Alternate # _____

I CHOOSE TO FORFEIT THE CONCESSION FEE AND NOT WORK MY SHIFT
(Signature Required) _____

PLEASE INDICATE PAYMENT METHOD:

CHECK (All fees should be paid with one check – payable to BTC AA (Returned Check Fee is \$20.00 and must be paid in cash)

CREDIT / DEBIT CARD (This will appear on your statement as Archdiocese of St. Louis)

Card Holder Name: _____

Card Holder Address: _____

Card Holder Phone #: _____

Card Type: MasterCard VISA Discover Amount \$: _____

Card #: _____

Expiration Date: _____ (month) _____ (year)

Card Holder Signature: _____

DATE: _____ PAYMENT: _____ RCVD BY: _____