

# St. John's Athletic Association

## Registration Form

### Track 2009

*Welcome and thank you for participating in the St. John's Athletic Program. Our coaching staff is looking forward to working with you and your athletes this season.*

**Mail-In Registration must be received by:** 3/2/2009

Track Season: 3/9/09-5/30/09

**Payment is due upon registration.**  
**No late registration will be accepted without a \$25.00 late fee.**

**Please print all information below:**

Name: \_\_\_\_\_ Sex: M F  
First Middle Last Circle

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street Area Code

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date: \_\_\_\_\_  
Registration Date

Date of Birth: \_\_\_\_\_ Present Grade: \_\_\_\_\_ Parish: \_\_\_\_\_  
Month-Day-Year

E-mail Address: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_ Township: \_\_\_\_\_

Do you or will you be playing this sport for your school? Yes No  
Answer only if other than St. John's Circle

Are you enrolled in CCD? Yes No  
Circle

#### Consent of Parent(s) or Guardian(s):

I (we) the parent(s) of the above named applicant for membership in the St. John's Athletic Association hereby give my (our) permission to my (our) child to participate in any and all activities. I (we) assume all risks incidental to such participation, including transportation to and from the activities. I (we) do hereby waive, release and agree to hold harmless St. John's CYO, Officers, Sponsors, Managers, Coaches, Referees, Participants and Persons transporting my (our) child to and from the activities, for any claim arising out of an injury to my (our) child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### Medical Condition(s)/Medication(s)/Insurance Information

Please list any medical condition/or medication taken that St. John's Athletic Association should be aware of for the participant during this sporting season.

**Write None if no medical condition/medication is needed**

Medical Condition/Medication \_\_\_\_\_ Date: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Medical Condition/Medication

Signature of Parent or Guardian \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Fees/Contributions**

Registration Fee : \$30.00  
Number of registrants \_\_\_\_\_

List additional names and information on a separate application.

Please make check payable to St. John's CYO **Total:** \$ \_\_\_\_\_

St. John's Athletic Association is soliciting sponsors to defer the cost of the sports program.

**Yes, I would like to make a contribution to help offset the cost of the sport program:**

\_\_\_\_\_ \$ \_\_\_\_\_  
Signature of Contributor

**Questions** Call Bob Malone at 215-295-2387

**Mail In Registration:** Please make check payable to St. John's CYO  
c/o Bob Malone  
12 Oakdale Blvd  
Yardley, Pa. 19067

**Volunteers**

The success of the St. John's Athletic Program is in your hands and we need volunteers for assistant coaches and meet assistants. Please check the item below if you are able to help the program. Thank you.

Assistant Coach \_\_\_\_\_ Meet Assistant \_\_\_\_\_

**St. John's Athletic Association Pledge**

***The parents and coaches of St. John's will remember that the game is for the children and not adults. The parents and coaches of St. John's will do their best to make youth sports FUN for your child.***

Select uniform size

Child	SM	MED	LG	
Adult	SM	MED	LG	XLG

St. John's CYO Track  
Registration Information  
2009

Age Groups:

Subnovice	Grades 1 - 3
Novice	Born in 1998 - 1999
Minor	Born in 1996 - 1997
Cadet	Born in 1994 - 1995

Events:

Novices, Minors, and Cadets can compete in the 100M, 200M, 400M, 800M, 1600M, 4x800M Relay, 4x100M Relay, Long Jump, High Jump and Shot Put. Cadets may also compete in the Triple Jump.

Subnovices can compete in the 100M, 200M, 400M, 4x100M Relay and Long Jump. Third graders can also compete in the 800M.

Practices:

Place: Pennwood Track  
Four 1-hour practices per week; days and times to be determined.  
Subnovices will practice 2 times per week.  
Practices will start the middle of March.

Meets: Sundays in April and May, generally from 1:00 to 5:00 P.M.

Equipment: Light running shoes/sneakers, water bottle, blue gym shorts, track shirt (paid for with registration fee), sweatpants and sweatshirt.  
(See below if you wish to order SJE Track sweatshirt or sweatpants.)

Registration Fee: \$30.00

Coach: Bob Malone 215 295-2387

Volunteers: Volunteers are needed for assistant coaches and meet assistants.

Sweatshirts: SJE Track sweatshirts and sweatpants are available for members and family. The sweatshirts will be gold hoodies (blue for subnovices) with the athlete's last name on the back. If you want to order, please indicate size below and prepare a separate check made out to St. John's CYO.

	Sweatshirt				Sweatpants			
Child	S	M	L		S	M	L	
Adult	S	M	L	XL	S	M	L	XL
_____	number of sweatshirts				X	\$22.00	=	\$_____
_____	number of sweatpants				X	\$15.00	=	\$_____
	Total						=	\$_____