

St. John Neumann 2005 Spring Sports Application

Commissioner: Dave Maher 704 442-1201

Participant: _____ / / M or F
First Last DOB Circle one

Parents: Mother _____ (W) phone: _____ Cell: _____
 Father _____ (W) phone: _____ Cell: _____

Address: _____ (H) phone: _____
Street city state zip

Email address: _____

***** TEAM INFORMATION *****

Softball – Circle age group as of **January 1, 2005** *Last yrs. Team _____
8& under 10 & under 13 & under 16 & under

Baseball – Circle age group as of **August 1, 2005** *Last yrs. Team _____
7&8 9&10 11&12 13&14 15&16

T-ball – boys and girls 4-6 yrs. Must be 4yrs. as of **March 1, 2005** *Last yrs. Team _____

***** UNIFORM SELECTION *****

Please circle one size for each category:

Jersey: YS(not softball)(6-8) YM(10-12) YL(14-16) Adult Sm. AMed. ALrg. AXL

Pants: *Baseball/T-ball* XS(4-6) YS(6-8) YM(10-12) YL(14-16) Adult Sm. AMed. ALrg. AXL

Shorts: *Softball* YS(6-8) YM(10-12) YL(14-16) Adult Sm. AMed. ALrg. AXL

***** INSURANCE INFORMATION *****

The undersigned hereby requests and approves the participants registration and participation in the St. John Neumann Athletic Association. In consideration the entrant's participation will be *at the sole risk of the entrant and the undersigned* without liability to St. John Neumann Athletic Association, its coaches, volunteers, league officers or St. John Neumann Catholic Church. Insurance is the responsibility of the undersigned and proof of insurance is required before the participant's application is approved.

Date: _____ Signature: _____

Insured by: _____

Policy #: _____

***** REGISTRATION FEES *****

(includes Full Uniform)
Baseball - \$85 Softball - \$85 T-ball - \$65 *Multiple Child Discount- \$15 per child*

1st child: \$ _____ Baseball * Softball * T-ball

2nd child: \$ _____ Baseball * Softball * T-ball

3rd child: \$ _____ Baseball * Softball * T-ball

minus discount \$ _____ (*\$15 per child within same family*)

\$ _____ **Total Due at Registration**

Registrars signature of payment: _____

Team Assignment for 2005 Season: _____

Return form and fees with copy of proof of insurance to the Church office no later than 2/25/05 or bring this sheet to registration on Feb 13th, 20th, or 27th

Complete Information:

Coach:

Proper Sizing:

Proof of Insurance:

Received Volunteer Info:

Full Payment: