

Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

# ST. MATTHEW YAC SPORTS PROGRAM PERMISSION FORM

**Mandatory Parent's Meeting before Season starts! Registration fee: \$60.00 per child per season.**

Athlete's Name: \_\_\_\_\_  
LAST FIRST

Parent's Name: \_\_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parish: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

### PLEASE CHECK ONLY ONE SPORT PER FORM

#### FALL SPORT

- \_\_\_\_\_ Intramural Volleyball (Grades K-3)
- \_\_\_\_\_ JV Volleyball (Grades 4-6)
- \_\_\_\_\_ Varsity Volleyball (Grades 7-8)
- \_\_\_\_\_ Senior Volleyball (Grades 9-12)
- \_\_\_\_\_ 3/4 Grade Soccer (Coed)
- \_\_\_\_\_ JV Soccer (Grades 5-6)
- \_\_\_\_\_ Varsity Soccer (Grades 7-8)
- \_\_\_\_\_ Cheerleading (Grades 5-8)

#### WINTER SPORT

- \_\_\_\_\_ Intramural Basketball (Coed Grades K-3)
- \_\_\_\_\_ 3/4 Grade Coed Basketball League
- \_\_\_\_\_ JV Basketball (Girls Grades 5-6)
- \_\_\_\_\_ Varsity Basketball (Girls Grades 7-8)
- \_\_\_\_\_ Senior Basketball (Girls Grades 9-12)
- \_\_\_\_\_ JV Basketball (Boys Grades 5-6)
- \_\_\_\_\_ Varsity Basketball (Boys Grades 7-8)
- \_\_\_\_\_ Intermediate Basketball (Boys Grades 9-10)
- \_\_\_\_\_ Senior Basketball (Boys Grades 11-12)

#### SPRING SPORT

- \_\_\_\_\_ Modified T-Ball (Coed Ages 4-7)
- \_\_\_\_\_ Modified Minors Baseball (Grades 2-4)
- \_\_\_\_\_ Modified Minors Softball (Grades 2-4)
- \_\_\_\_\_ JV Softball (Girls Grades 5-6)
- \_\_\_\_\_ Varsity Softball (Girls Grades 7-8)
- \_\_\_\_\_ Buz Zebley Baseball (Boys Grades 5-6)
- \_\_\_\_\_ Varsity Baseball (Boys Grades 7-8)

Special Request: \_\_\_\_\_

I hereby give my child permission to participate in the above sport under the sponsorship of St. Matthew YAC. I understand that my child does so at his/her own risk. I agree to release and hold harmless, St. Matthew Roman Catholic Church, its Youth Activity Council, its coaches and volunteers from any liabilities for injury, which my child may suffer while participating in the program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

### PARENT(S) VOLUNTEER REQUIREMENTS

Parents are required to volunteer a total of six (6) hours for every season their child(ren) plays a sport. A volunteer coordinator or coach will let you know when you are required to volunteer. Please be aware, that if you **DO NOT** volunteer your time during each season, your child(ren) **WILL NOT BE ELIGIBLE TO PLAY!** By signing below you agree to the volunteer requirements stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature