



OUR LADY OF LOURDES CATHOLIC SCHOOL 2018–2019 Athletic Registration Form

(Please Print)

Player name _____ Grade in Fall 2018 _____

Address: _____ Home phone#: _____

Parent/Guardian phone/cell: _____ Mom _____ Dad _____

Parents/Guardian name(s): _____

Email (Primary): _____

Email (Optional): _____

~If you need emails to go to both parents, please include both

Please indicate with an “X” the sports you are interested in. The cost per sport is \$45.00.
The cost for Flag Football and Tennis (K-4) is \$15.

Season	Sport	K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	Payment due
Fall	Soccer										June 1, 2018
	Volleyball										June 1, 2018
	Flag Football										June 1, 2018
Winter	Basketball										Sept. 21, 2018
Spring	Tennis										Feb. 22, 2019
	Track										Feb. 22, 2019

* Cross Country (Fall) & Wrestling (Winter) will be offered through West De Pere.

* Football (Fall) is offered through West De Pere (7-8 grades) and Notre Dame MS (6-8 grades).

Please return this form (one form per athlete) along with a **non-refundable** check made payable to **Our Lady of Lourdes** to the Athletic Director in the OLOL School Office by June 1, 2018.

Payment is preferred up front, however if your child is not sure about a sport, you may pay by payment due date. Fall sports MUST be paid for at the time of registration.

For parents interested in coaching:

Name: _____ Telephone #: _____

Coach _____ Assistant coach _____ Email: _____

For Sport(s) _____ Grade(s) _____

In accordance with the Diocesan standards, any person that wants to coach must have VIRTUS Training and a LoSec background check which includes 3 reference checks.

PLEASE FILL OUT BOTH SIDES OF THIS SHEET.

DUE FRIDAY, JUNE 1st!

For office use only:

Paid (date/amount/check#)

Sport #1 _____

Sport #2 _____

Sport #3 _____

Player / Parent Contract

PLAYER CONTRACT

By signing this form, I, _____ certify that

I request to participate in the Athletic Program of Our Lady of Lourdes Catholic School.

I have read the **Athletic Program Policies and Procedures** and agree to follow them. I

also understand the **Athletic Grievance Policy** included in this packet. I also accept the

consequences stated of not obeying the policies.

Athlete Signature _____ Date _____

PARENT CONTRACT

By signing this form, I, _____ certify

and give permission for the above named athlete to participate in the Athletic Program of

Our Lady of Lourdes Catholic School. I have read and discussed the policies given to

my child and I release the coach, Athletic Directors, Director of Total Catholic

Education, Our Lady of Lourdes Catholic School & Our Lady of Lourdes Parish from all

liability and waive any claims against them.

Parent Signature _____ Date _____



Keep a copy of the attached policies for your reference. Return this sheet no later than **June 1, 2018**, to the Our Lady of Lourdes Catholic School Athletic Director.

No athlete will be able to participate in the first or any subsequent games or practices until this form is returned.