

Resurrection Catholic School Athletic Association



Registration Form 2017-2018

Boys Basketball (2nd through 8th grade) Girls Basketball (2nd through 8th grade)

Name of Child: _____ Grade: _____ Age: _____

Address: _____ Date of Birth: _____

_____ Telephone: _____

School: _____ E-mail: _____

Parish: _____

Father's Name and phone number _____

Home: _____ Work: _____ Cell: _____

Mother's Name and phone numbers _____

Home: _____ Work: _____ Cell: _____

In order to have a successful season, we need ALL families to help. *We are always looking for volunteer coaches who must pass background checks and Diocesan certification. All parents are expected to help with one of the following. Every team must have:

Team Help

Program Help

***Coach/Assistant:** _____

Concessions _____

Scoreboard Operator: _____

Team Parent: _____

Fund Raising Helper: _____

Scorebook Keeper: _____

All CCD students must have the Religious Education Coordinator's signature here to register.

(St. Mary - St. Joseph - St. Anthony - San Juan Bautista - St. Catherine - St. Phillip)

I, the parent/guardian of the registrant, agree that the registrant and I will abide by the rules of the R.C.S.A.A. (Resurrection Catholic School Athletic Association). Recognizing the possibility of physical injury associated with sports and in consideration for the R.C.S.A.A. accepting the registrant for its sports program and activities, I hereby release the R.C.S.A.A., and its associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the sports program, and/or being transported to or from the same, which transportation I hereby authorize.

Registration fee (\$60 per child) \$ _____

Before Oct 15 (\$50 per child) \$ _____

TOTAL \$ _____

* All registrations are due by 10/22/17

Parent/Guardian Signature: _____

Date: _____