## STM ATHLETE REGISTRATION FORM TEAM SPORTS

To register your child for an after-school sport, please complete all relevant fields below (ONE SPORT PER FORM PLEASE) and return to Mr. Oscar at the PE Office. All fees will be paid to the school office. Once team placement is confirmed, fees and team details will be provided. Please contact me at <a href="steven.oscar@rdcrs.ca">steven.oscar@rdcrs.ca</a> if you have any questions.

## **Child Information**

Child's Name:	
Homeroom:	Date of Birth:

## Sports (please select one)

<ul> <li>Cross Country Running</li> <li>Volleyball (Competitive Travel)</li> <li>Volleyball (Developmental)</li> <li>Basketball (Competitive Travel)</li> <li>Basketball (Developmental</li> <li>Badminton</li> <li>Track and Field</li> </ul>	<ul> <li>Competitive Travel Teams: These players will try out as part of team selection to either make the A or B team. These teams will compete in league play and tournaments.</li> <li>Developmental Teams: These player will practice 1-2X a week to develop skills and will not participate in league play or tournament play.</li> </ul>
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## Parent/Guardian Information

Parent/Guardian Name:				
Parent/Guardian Name:				
Email(s):				
Cell Number(s)				
I can coach	🗌 I can manage	I can drive		
If you can drive players to games and tournaments you will need to contact the school office (403) 845-2836 to register as a driver.				
Emergency Contact:				
Cell Number:				
Declaration (please check to accept):				
My contact details can be shared with the team manager.				
I am aware that my child will have to participate in tryouts to establish which team they will play on. (Competitive Travel Teams only)				
I am aware that a fee will be charged to play on STM sports teams.				
I have read and accepted the player, coach and parent Code of Conduct.				
Parent/Guardian's Name (Print):Parent/Guardian Name (Sign):				
Parent/Guardian Name (Print): Parent.Guardian Name (Sign):				