



Athletic Registration Form

We are pleased that you have chosen to participate in St. Edward Athletic Programs. Please indicate which sport you are signing up for. A registration form needs to be filled out for each sport/season your child wishes to participate.

Fall Sports	Winter Sports	Spring Sports
<input type="checkbox"/> Girls Volleyball (5-8)	<input type="checkbox"/> Co-ed Basketball (3-4)	<input type="checkbox"/> Girls Soccer (5-8)
<input type="checkbox"/> Boys Soccer (5-8)	<input type="checkbox"/> Girls Basketball (5-8)	<input type="checkbox"/> Track (5-8)
<input type="checkbox"/> Cross Country (5-8)	<input type="checkbox"/> Boys Basketball (5-8)	

Student Name: _____ Grade: _____

Homeroom Teacher: _____ Parent Name(s): _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

If your child is not a SEES student (St. Edward Parishioner), please tell us the school he/she attends: _____

I am interested/able to coach, be an assistant coach or help with other logistics: (If yes, please fill out below) _____

This is to be turned in the school office, % Athletic Director, Adam Burgess along with the \$60 per sport/season fee and a signed and completed waiver form. Please make checks payable to SEES.