



SAINT SEBASTIAN ATHLETIC ASSOCIATION REGISTRATION FORM

RETURN THIS FORM ALONG WITH YOUR CONSENT FORM AND CHECK

(MADE PAYABLE TO ST. SEBASTIAN REGIONAL CATHOLIC SCHOOL)

The following sports will be offered if there are enough students for a team:

- Fall** Cross Country (K-6, Coed)
- Winter** Cheerleading (3-6, Coed) Basketball (3-6, Coed)
- Spring** Soccer (3-6, Coed) Volleyball (3-6, Coed)
- JrJV** (grades 3-4) **JV** (grades 5-6) **Varsity** (grades 7-8)

The registration fee(s) to participate, **PER CHILD**, is as follows:

- One sport \$ 75.00
- Two sports \$100.00
- Three sports \$125.00
- Four sports \$150.00

Please indicate the sport(s) in which your child will participate:

<u>Child's Name</u>	<u>Grade Level</u>	<u>Sport(s)</u>
_____	_____	_____
_____	_____	_____

Should you have any questions about the above information, contact **Dr. Nina Zetty** at **724.929.5143**.

Please return this form along with payment and the completed **Consent form**, in an envelope marked **ATHLETIC REGISTRATION FORM**. Your child should give the envelope to the homeroom teacher, and it will be forwarded to the school office.

Parent Signature _____ Date _____

Telephone Numbers

Home: _____

Cell: _____

Email: _____