



St. Mary's Academy Fall Soccer Registration Form

Academic Year: _____

Grade in the above Academic Year (Fall season):

Fee (per player):

Pre - Kindergarten: Instructional Co-ed (Boys and Girls)

\$50.00

Kindergarten: Instructional Co-ed (Boys and Girls)

\$85.00

Grades 1-2: Boys and Girls (Co-ed)

\$85.00

Athlete's Name: _____ Gender: _____ Current Grade: _____

Current Age: _____ Date of Birth: _____ Shirt Size: _____ (Youth S, M, L) Short Size: _____ (Youth S, M, L)

Address: _____

Is the athlete participating in any other spring sport? _____

Parent/Guardian Contact: _____

Phone (Home): _____ (Cell): _____

Email: _____ School Name: _____

Complete the following THREE forms to register (one form per athlete):

- **Registration Form**
- **Medical Release**
- **Zero Tolerance Policy**

Forms must be accompanied with the registration fee in order for your athlete to be placed on a team.

Parent / Guardian Participation: (Please write Y = Yes OR I = Interested / Need more info.)

_____ I am willing to be the (main) coach.

_____ I will assist the coach as part of a coaching group.

Please provide contact information. Name: _____ Email: _____

(If it is the same as the above contact and email, then leave contact info. here blank.)



Athletics Medical Release Form

Academic Year: _____

Player Name: _____ Date of Birth: _____

Guardian(s):

Name: _____ Name: _____

Address: _____ Address: _____

Home #: _____ Home #: _____

Work/Cell #: _____ Work/Cell #: _____

Insurance Company: _____ ID/Policy #: _____

Physicians Name: _____ Phone #: _____

Hospital of Choice: _____

Does this player have any of the following?

Heart Murmur	Yes	No	Ear, Nose, Throat Trouble	Yes	No
High Blood Pressure	Yes	No	Eye Trouble/glasses/contacts	Yes	No
Appendectomy	Yes	No	Chest Pain	Yes	No
Disease or Injury to Joints	Yes	No	Hernia Repair	Yes	No
Stomach Trouble / Ulcers, etc	Yes	No	Back Problems	Yes	No
Epilepsy	Yes	No	Tuberculosis	Yes	No
Gum or Tooth Trouble	Yes	No	Rheumatic Fever	Yes	No
Hay Fever, Asthma	Yes	No	Bee Stings	Yes	No
Shortness of Breath	Yes	No	Poison Ivy	Yes	No
Dizziness, Fainting	Yes	No	Physical Activity Restriction	Yes	No
Head Injury	Yes	No	General Allergies _____		
Diabetes	Yes	No	Other _____		

Medications: _____

Will they be carried with the player to each game and practice? Yes No

To participate, we, the undersigned, agree to hold, now and in the future, St. Mary's Athletics, their officers, agents, and employees free from any liability for any personal injury or damages incurred as a result of participation in a program sponsored by the St. Mary's Athletic Association.

In the event that my child needs emergency medical treatment or hospitalization while at a St. Mary's Athletic sponsored event, I hereby give my permission for the rescue squad to be called, and for emergency medical treatment to be given by the rescue squad, and if deemed necessary for my child to be transported to the nearest hospital or hospital of choice indicated above. (A copy of this will be provided to the coach.)

Parent/Guardian Signature: _____ **Date:** _____

St. Mary’s Athletic Program has adopted a **ZERO TOLERANCE POLICY**. This policy applies to all coaches, players, parents and other supporters. Abusive and obscene language, violent play, violent conduct, fighting and other behavior (including but not limited to sarcasm, taunting, etc.) deemed detrimental to the game between the above mentioned groups will not be tolerated. It is the responsibility of the Coaches to provide Referee support and spectator control. This policy will apply to all times prior to, during and after practices and games at the soccer field and its immediate surrounding areas.

PARENTS / SPECTATORS:

NO PARENT OR OTHER SPECTATOR SHALL ADDRESS THE REFEREE AT ANY TIME.

Parents/other supporters shall remain in the area designated for spectators until after the game concludes. Parents /other supporters shall allow all coaching to be done so by the coach to eliminate confusion to the players.

This includes but is not limited to:

- No spectators making derogatory comments to players of either team, toward coaches or officials.
- No disputing calls during or after the game
- No remarks to the referee to watch certain players or attend to rough play
- No yelling at the referee, EVER, including any criticism, sarcasm, harassment, intimidation or feedback of any kind before, during or after the game.

The only allowable exceptions to the above are:

- Responding to a referee who has initiated a conversation with a parent or spectator.
- Pointing out emergency or safety issues.

PLAYERS:

Communications between players, coaches, spectators and referees shall remain sportsmanlike and respectful. Any infraction of this may result in suspension of play for an amount of time to be determined by the SMAA board.

COACHES:

It is the responsibility of all Coaches to maintain the highest standards of conduct for themselves, their players and supporters in all matches. Failure to do so undermines the Referee's authority and the integrity of the game resulting in a hostile environment for players, the referee, coaches, assistant coaches and spectators. Coaches are reminded to adhere to the St. Mary’s Code of Conduct in addition to this policy.

Coaches are not to address the Referee during the game except for:

During the game:

- Responding to a referee who has initiated a conversation with a parent or spectator.
- Pointing out emergency or safety issues.
- Making substitutions,
- Asking the referee to repeat a call.
- Asking for the time remaining in the half.

Before the game, at half-time or after the game: A Coach or Assistant Coach can ask a referee to explain a law or foul in a respectful and constructive way, remembering that the call may remain the same. Polite and friendly concern can be exchanged with the referee. Absolutely no sarcasm, harassment or intimidation is allowed.

REFEREES:

It is the responsibility of the Referees to maintain the highest level of professionalism at all times. Answer questions posed to them by a Coach as allowed per the above guidelines in a prompt and courteous manner. Maintain their integrity and independence by not being influenced by acquaintances or by the Coaches or Assistant Coaches.

Athletes Name (print): _____

Parents Name (print): _____

Athletes Name (sign): _____

Parents Name (sign): _____

Date: _____

Date: _____