

**ST. CLEMENT'S ATHLETIC ASSOCIATION**  
172 Freneau Avenue – Matawan, NJ 07747  
www.stclementsports.com

Registration Form for teams using St. Clement Gym in during off season in accordance with SCAA by-laws. See [www.StClementSports.com](http://www.StClementSports.com).

**YEAR:** \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sibling(s) in program: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Name of Supervising Coach(s) (must be St. Clement Coach who will be on premises): \_\_\_\_\_

**MEDICAL HISTORY:**

\*\*\*Any SPECIAL medical condition or need that our staff should be aware of for your child?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_ Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Medical Insurance Compa \_\_\_\_\_ Policy #: \_\_\_\_\_

**AGREEMENT TO PARTICIPATE IN A SPORT BY THE ATHLETE**

I have complied with all eligibility requirements and have obtained the necessary insurance. I will strive to always exhibit a high level of sportsmanship and respect for coaches, teammates, officials and opposing teams consistent with the beliefs and teachings of the St. Clement Catholic community while a member of the team. I understand that I am responsible for all equipment issued to me, that I will pay for any equipment that is abused, lost, stolen or misplaced and will return it when required.  
I fully understand the risk of physical injury associated with competitive sports and appreciate the consequences of these risks. I know the importance of following directions and will do my best to adhere to all league, team and game rules both in competition and during practice. I will make a reasonable attempt to attend all practices and games while making every effort to arrive and be picked-up on time.  
I fully understand the above risks and responsibilities and agree to participate in the St. Clement Athletic Program.

**PARENTAL RELEASE**

I give the child listed on this application permission to participate in the indicated sports and engage in interscholastic athletics. I understand that my son/daughter is responsible for all equipment and will pay for all items abused, lost, stolen or misplaced.  
I fully understand the possibility of physical injury associated with competitive sports and hereby release, discharge, and/or otherwise indemnify St. Clement Parish, its affiliated organizations and sponsors, their employees and associated personnel against any claim on behalf of the athlete as a result of the athlete's participation in the St. Clement Athletic Committee programs or activity and/or transportation to or from the same. I understand that I am responsible for making sure that my son/daughter arrives and is picked-up on time for all practices and games.

**CODE OF CONDUCT**

SCAC strongly feels it is important that all athletes, coaches, volunteers, parents, guardians, and family members conduct themselves appropriately at all SCAC-sanctioned events. Associated with this application is a CODE of CONDUCT that outlines those behavioral requirements. Application to play a SCAC-sponsored sport acknowledges reading, understanding and agreeing to abide by the Code of Conduct at all times.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*APPLICANTS MUST BE A ST. CLEMENT'S PARISHONER AND ATTENDING THE ST. CLEMENT'S CCD PROGRAM.\*\*\*\*\*