



***St. Clement Athletic Association
172 Freneau Avenue
Matawan, NJ 07747***

September 2010

Dear Parent/Guardian:

We are beginning registration for the St. Clement Comets 2010/2011 season; registration forms can be found on www.stclementsports.com or www.stclementprep.com websites. We ask that if you are interested in registering your child for the upcoming season you complete the forms located on either website. Registrations Forms can be submitted during open registration on September 19 from 12-2, September 20 from 7 – 8 PM and September 25 from 8-9 PM in the gym. We are looking forward to another successful basketball season.

Jim Gallagher
Athletic Director

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

Registration Form for 2010-2011 Basketball and Cheerleading Season (Grades 3-12)

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

Name: _____

Address: _____ Town: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Date of Birth: _____

Age as of 9/1/10: _____ Sept.2010 Grade: _____

Sibling(s) in program: _____ Grade(s): _____

Sport signing up for:

Boy's Basketball
 Girl's Basketball
 Cheerleading

<u>Required Fees:</u>	<u>Registration</u>			
	<u>Fee</u>	<u>Work Bond</u>	<u>Uniform Deposit</u>	<u>Check#/ Check#</u>
3 rd & 4 th Grade Boy's/Girl's Basketball	\$75	\$75	NA	
5 th - 8 th Grade Boy's/Girl's Basketball	\$100	\$75	\$50	
Girl's Cheerleading (3rd-8th grade)	\$100	\$75	\$50	
High School	\$100	NA	NA	

If you have multiple children in the program, registration fees are as follows:
 more than 2 children or more \$200.

****THREE separate checks are required at the time of registration. One for REGISTRATION, one for WORK BOND and one for UNIFORM DEPOSIT if applicable*****

WORK BOND: Reimbursement of the work bond is contingent on the fulfillment of the required snack stand duty for both the regular season, Christmas Tournament and playoff games. Team moms will keep record of attendance for snack duty.

****Make checks payable to St. Clement's Athletic Association. NO CASH will be accepted. Only ONE WORK BOND CHECK PER FAMILY is NECESSARY****

MEDICAL HISTORY:

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

_____Yes _____No

If YES, please describe: _____

Does your child wear corrective lenses?

Assembly Bill #2091:

As amended, this bill requires any child who wears corrective eyeglasses while participating in racquetball, squash, tennis, women's lacrosse, basketball, women's field hockey, badminton, paddleball, soccer, volleyball, baseball or softball, sponsored by a school, community or government agency to wear protective eyewear that meets the frames standards of the American Society for Testing and Materials (ASTM) F803 and the lens standards of the American National Standards Institute (ANSI) Z87.1.

Child will not be able to participate unless Bill noted above is complied with.

Physician Name: _____ Phone Number: _____

Medical Insurance Company: _____ Policy #: _____

I (we) are interested in:

____Head Coach ____Assistant Coach ____ Team Mom/Dad ____Cheerleading Coach

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: _____

ST. CLEMENT'S ATHLETIC ASSOCIATION
172 FRENEAU AVE
MATAWAN, N.J. 07747

St. Clement's Athletic Association along with the Diocese of Trenton is in the process of building a sound and well-respected sports program.

As part of this process we have been following the guidelines set forth by the Diocese of Trenton, which includes a wide variety of tasks. To date we have created a Board, created a web site (Stclementsports.com), and most importantly we have developed a policy and procedures manual, which must be adhered to by all players and parents.

We are therefore required to have a parent/guardian of each player read and sign off that they have read and understand the policy and procedures and will adhere to the code of conduct which are discussed in this manual.

Please log onto the above stated website and click on player application and then conduct. Please read the code of conduct and sign the waiver below. Please return this signed waiver to your coach as soon as possible.

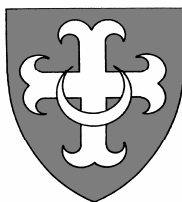
Please Detach and Return to St. Clement Athletic Association:

As a Parent/Guardian of a Player/Cheerleader, I have read and understand the Code of Conduct that is required by the St. Clement's Athletic Assoc.

Players/Cheerleaders Name _____

Parent/Guardian signature _____

Date _____



DIOCESE OF TRENTON

Medical Treatment Authorization Form

As parent and /or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I further authorize that my child may be transported to a hospital or emergency clinic for treatment.

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Daytime phone # (____) _____

Evening phone # (____) _____

Family Physician _____ Phone _____

Date during which release is granted: From _____ To _____

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of: _____

Other person to contact in case of emergency: _____

Relationship to child _____

Daytime phone # (____) _____

Evening phone # (____) _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature _____ Notarized by _____

Date _____



**DIOCESE OF TRENTON
ELEMENTARY SCHOOL SPORTS PHYSICAL FORM
GRADES K-8**

Student's Name _____

Date of Birth _____

Grade _____

Male _____ **Female** _____

EXAMINATION:

Height _____	Weight _____	B/P _____
	Hearing _____	Vision _____
Heart _____	Lungs _____	Abdomen _____
Hernia _____	LymphNodes _____	Thyroid _____
Scoliosis _____	Genito-Urinary _____	Skin _____
Orthopedic _____	Feet _____	Nose _____
Throat _____	Mouth/Teeth _____	Nervous System _____

Comments _____

MEDICATIONS PRESENTLY PRESCRIBED _____

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ALLERGIES: _____

TREATMENT: _____

HISTORY OF:

Asthma _____	Allergies _____	Heart Problems _____
Fractures _____	Eye Problems _____	Diabetes _____
Hypoglycemia _____	Headaches _____	Nose Bleeds _____
Congenital Defects _____	Operations _____	
Injuries _____	Drug Sensitivities _____	
Drug Sensitivities _____	Other Health Problems _____	

Comments _____

PHYSICIAN'S FINDINGS PERTINENT TO PARTICIPATION IN ATHLETIC ACTIVITIES:

Full Participation Allowed _____
 Limited Participation Allowed _____
 No Participation Allowed _____
 Restriction on Activity _____

.....
 Physician's Name and Address _____

Physician's Signature _____ Date of Physical _____

RETURN TO: SCHOOL NURSE'S OFFICE