

APPLICATION TO PARTICIPATE IN
American Martyrs Athletic Association 2015-2016 Sports Season

Parent's Name: _____ Telephone #: _____ - _____ - _____

E-Mail Address: _____

Parent's Name: _____ Telephone #: _____ - _____ - _____

E-Mail Address: _____

Player's Address: _____

City: _____ State: _____ Zip Code: _____

**The participants must live within the parish boundaries, attend the AM Religious Education program, or the family must be active participants in the parish;
We welcome participants from other parishes; however participation is dependent upon approval from the parish that you are zoned for. Additional paperwork may be required.*

COST: 1 Sport = \$150; 2 Sports = \$200; 3 Sports = \$240; 4 Sports = \$275; 5 or more sports = \$300

*** SWIMMING cost not included.**

*** TRACK = 1 sport, no matter how many seasons are participated in.**

FAMILY DISCOUNT – 2 children – 20% off; 3 children – 25% off; 4 or more children 30% off

Full payment Discount – 5% discount for payment in full at time of Registration

FOR OFFICE USE

SUBTOTAL _____ DISCOUNT (if applicable) _____ TOTAL _____

Make check payable to "AMAA" Check # _____ Cash \$ _____ Total Paid \$ _____ Balance: _____ Rec'd by _____

MEDICAL APPROVAL AND RELEASE

**We recommend that your child be examined by your Family Physician prior to participation in our athletic programs.
Please read and sign the attached medical release form.*

Parent/Guardian Volunteering:

In order for us to run a successful program, we need the support of parents, in many different capacities. We encourage your participation. Please commit to volunteer for as many activities as your schedule allows.

Head Coach;sport(s): _____ Asst.Coach;sport(s): _____

Helper;sport(s): _____ Time/Scorekeeper _____

_____ Uniform collection/distribution _____ Car Wash _____ Registration events _____ Event tickets sales

_____ Advertising/flyering campaigns _____ End-of-Year Awards Dinner _____ Christmas Wreath Sales

_____ Gym Game Admissions _____ Gym Game Concession Sales _____ Other _____

Participant's Information:

Child's Name: _____ Male: _____ Female _____ *Date of Birth: ____/____/____

School: _____ Rel. Ed. Program: _____

***copy of birth certificate required for new participants**

PLEASE put an "X" next to the sports you are registering your child for.

_____ SOCCER _____ BASKETBALL _____ BASEBALL / SOFTBALL

_____ TRACK (Fall Cross-County) _____ TRACK (Winter Indoor) _____ TRACK (Spring Outdoor)

_____ VOLLEYBALL (girls only) _____ CHEERLEADING _____ SWIMMING (fee will be separate)

Participant's Information:

Child's Name: _____ Male: _____ Female _____ *Date of Birth: ____/____/____

School: _____ Rel. Ed. Program: _____

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