

APPLICATION TO PARTICIPATE IN
American Martyrs Athletic Association 2016-2017 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 = \$170; 2 Sports = \$220; 3 Sports = \$260; 4 Sports = \$295; 5 or more sports = \$320

*** SWIMMING cost not included in bundle price. Additional \$75.00 when added to package.**

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

***CHEER only = \$75.00.**

FAMILY DISCOUNT – 2 children – 10% off; 3 children – 20% off; 4 or more children 25% off

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:

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