

Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary Contact e-mail address: \_\_\_\_\_

**Father's Information**

Name: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Head Coach/Assistant Coach Information**

Sport	Position (circle one)	Grade	Boys/Girls (circle one)
Basketball	Head Assistant		Boys Girls
Cross Country	Head Assistant		
Track	Head Assistant		
Volleyball	Head Assistant		Boys Girls
Archery	Head Assistant		

\_\_\_\_\_ I have completed VIRTUS Training: Date of VIRTUS \_\_\_\_\_  
 \_\_\_\_\_ I have not completed VIRTUS Training, but understand that this is a requirement of the diocese and will attend an upcoming training session.  
 \_\_\_\_\_ I have completed Basic Archer Instructor training (BAI). BAI #: \_\_\_\_\_  
 \_\_\_\_\_ I have not completed BAI training, but understand that this is a requirement of NASP and will attend an upcoming training session.  
 \_\_\_\_\_ I have completed Play like Champion training for coaches: Date of training: \_\_\_\_\_  
 \_\_\_\_\_ I have not completed Play like a Champion training for coaches, but understand that this is a requirement of the diocese and will attend an upcoming training session.

**Mother's Information**

Name: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Head Coach/Assistant Coach Information**

Sport	Position (circle one)	Grade	Boys/Girls (circle one)
Basketball	Head Assistant		Boys Girls
Cross Country	Head Assistant		
Track	Head Assistant		
Volleyball	Head Assistant		Boys Girls
Archery	Head Assistant		

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 \_\_\_\_\_ I have completed Play like Champion training for coaches: Date of training: \_\_\_\_\_  
 \_\_\_\_\_ I have not completed Play like a Champion training for coaches, but understand that this is a requirement of the diocese and will attend an upcoming training session.

Emergency Information

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons Authorized to pick up your child:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

I request and consent to the participation of my son/daughter, \_\_\_\_\_, to play in the St. Francis Xavier Athletic Program. I hereby release and hold harmless the school, its employees, and volunteers from any liability for injury that our child may sustain while participating as a member of the team. I authorize the coach or school official to secure emergency treatment if I cannot be reached. I will assume responsibility for expense incurred.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please read the following and sign below.

PAL Mission Statement and Guidelines for Parents/Fans:

The success of the PAL depends on active parent and fan participation and help, along with cooperation with the coaches and compliance with league and school guidelines.

Parents/fans should encourage their child’s participation in the league by attending the games and practices, and displaying a positive, Christian attitude towards their child’s and all participant’s accomplishments.

The PAL establishes the following guidelines for parents/fans:

1. Parents/fans should always show positive support, care, and encouragement for all participants in the league.
2. Parents/fans will encourage good sportsmanship by showing positive support for all players, coaches, and officials at each game.
3. Parents/fans will place the physical and emotional well-being of any child ahead of any personal desire to win.
4. Parents/fans need to remember that all PAL programs are geared toward children learning the fundamentals of the sport in a positive way.
5. Parents/fans should expect their children to treat other players, coaches, fans, and officials with respect at all times.
6. Parents/fans should make the league programs fun and memorable experience for their children and all children involved.

St. Francis Xavier Athletic Committee Guidelines for Parents/Fans:

1. We agree to pay full replacement value for any damaged/lost uniforms.
2. We agree to make sure a coach is present before dropping our child off at practices or games.
3. We agree the athletic program should not interfere with scholastic achievement. Participation is at the parent’s discretion.
4. We agree our child may be kept from participating in an athletic event as a disciplinary measure. These reasons include, but are not limited to, unexcused absences from practices or games, unsportsmanlike conduct or school suspension.
5. We agree to help enforce the rule that athletes must attend at least a half-day of school to be eligible to participate in a game held the same day.
6. We agree that at least one parent must attend a Play Like a Champion training for parents.
7. We agree to help at games and/or tournaments for EACH sport that child(ren) participates in.

We have read the above guidelines established by the Parochial Athletic League (PAL) and the SFX Athletic Committee and agree to abide by these guidelines.

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Signature of Parent	Date
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Signature of Parent	Date
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