

St. James Athletic Club Membership Form

New Renewal Change of Address

This form is to be completed once per year per family.

HOME PHONE: _____

FATHER: _____
Last First

WORK PH: _____

MOTHER: _____
Last First

WORK PH: _____

ADDRESS: _____

ZIP: _____

E-MAIL: _____

CELL PH: _____

In case of emergency, contact (other than parent) _____

Address: _____ Phone: _____

I have read and received a copy of the St. James Sports Attendance Policy and agree to the conditions stated therein.

Signature of Parent of Guardian

LIST EACH GRADE SCHOOL AGE CHILD IN FAMILY:

	LAST NAME	FIRST NAME	M/F	D/O/B	GRADE	SCHOOL ATTENDING
1.						
2.						
3.						
4.						

THE ATHLETIC UNIFORMS WILL NOT BE WORN OUTSIDE ST. JAMES SPONSORED EVENTS.
ALL UNIFORMS MUST BE RETURNED AFTER THE SEASON ENDS.

St. James Athletic Club will sponsor a Select Program. Try-outs will be conducted under the supervision of the athletic directors, sports coordinators, head coaches and any other expertise for the sport that can be utilized. Secondary teams will be made at all levels provided sufficient number of students, qualified coaching, and adequate facilities, and funds, are available to accommodate the team. The decision for secondary teams will be made by the Athletic Club Board of Trustees.

I WILL OBEY THE RULES AND REGULATIONS OF THE ST. JAMES ATHLETIC CLUB AND WILL NOT HOLD ITS MEMBERS, COACHES OR OFFICERS RESPONSIBLE FOR ANY INJURY OR LOSS MY CHILD MAY SUSTAIN WHILE PLAYING.



Signature _____

Date _____