

**St. Pius X Catholic School  
Athletic Program Participation Form**

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**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Parent Names** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

*I would like to participate in the following SPX Athletic Program:*

**Fall Programs**

- Volleyball (\$75)
- Drill Team (\$60)
- Cheerleading (\$60)
- Football (\$75)
- Swimming (\$30)

**Spring Programs**

- Basketball (\$75)
- Baseball (\$75)
- Softball (\$75)
- Track/Field (\$30)
- DPL Soccer Tournament (\$30)
- Swimming (\$30)

**\*\*Type of Swimmer:**  Advanced/Year Round,  Intermediate/Seasonal, or  Novice or does not swim competitively  
**Check ALL strokes that apply:**  Breaststroke,  Backstroke,  Freestyle,  Butterfly

*In order to participate in the Athletic Program you have selected, you must turn in the following items to the SPX Athletic Director prior to the **first practice**.*

1. *Physical/Health Form*
2. *Athletic Program participation fee(see individual sport above)*
3. *Emergency Contact Form (backside of this form)*

CHECKS PAYABLE TO: ST PIUS X - PTO

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**Parent Authorization**

*I allow my child \_\_\_\_\_ to participate in the SPX \_\_\_\_\_ Program marked above. I do understand the fee associated with this sport is nonrefundable and until the fees are paid and the Physical/Health Form and Emergency Contact Form are given to the athletic director, my child will not be eligible to practice or receive a uniform. I also understand that if my child does not return the uniform to the coach after the Program is complete, I will need to come to the school office and pay a fine in order to receive their last report card.*

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

\_\_\_\_\_  
Date

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**Athletic Director Acceptance**

- I have received the Physical/Health Form
- I have received the Emergency Contact Form
- I have verified that a completed Physical/Health Form is on file with the school A.D.

\_\_\_\_\_  
Athletic Director Signature

\_\_\_\_\_  
Date

CHECK # \_\_\_\_\_

CASH \$ \_\_\_\_\_

5/01/05

# Emergency Contact Form

(Head Coach/Sponsor – to keep on file at all practices and games)

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**PLEASE PRINT**

Player: \_\_\_\_\_

Parents Names: \_\_\_\_\_ (Mom/Step-Mom)

\_\_\_\_\_ (Dad/Step-Dad)

\_\_\_\_\_ (Parent Email)

(For use in distributing practice/game schedules only- PLS. PRINT)

Phone Numbers: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Work)

\_\_\_\_\_ (Mobile)

\_\_\_\_\_ (Pager)

*Other Contacts:*

NAME	RELATIONSHIP	PHONE NUMBER