

**St. Luke's Episcopal School**  
**Wildcat Athletics**  
**SuperCats**

Registration/Permission to Play

SPORT: **Soccer** (starts November 7<sup>th</sup>)

Participants Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: M or F

Parents Names \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ Teacher \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are there any medical conditions that the coach should be aware of? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**I, the parent or guardian, agree not to hold St. Luke's Episcopal School, Church or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of athletic activities.**

I will submit all participation fees before my child attends their first practice to cover league cost.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Registration Fee - \$100.00

Registration fee will include Memory Mate Picture and Jersey.

Preferred Jersey number- pick top two choices in order of preference: \_\_\_\_\_, \_\_\_\_\_. Numbers will be assigned based on order of registration submission.

Jersey Size YS YM YL AS AM AL

I am willing to serve as the Coach \_\_\_\_\_

Please submit registration form and payment for registration and uniform fees to the SLES Office (Japonica or University Campus) no later than October 14, 2011)

Total Amount enclosed \_\_\_\_\_