



# NLR Catholic Academy SPORTS REGISTRATION FOR YEAR 2016/2017



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: ( M / F ) Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_  
(First & Last Name Please)

Home Phone #: \_\_\_\_\_ Dad's Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Mom's Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Guardian's Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

In case of Emergency: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

My child will be playing the following sports: Please **MARK** appropriate sport/s.

**Athletic Fees are due at time of registration and payable to: NLR Catholic Academy Athletic Fund.**

### Single Child

**\$40.00** Per Initial Sport Per Child  
**\$10.00** For Each Additional Sport

### Family (Multiple Children)

**\$50.00** Per Family With More Than One Child Initial Sport  
**\$10.00** For Each Additional Sport Per Child Per Family

Volleyball \_\_\_\_\_  
 Basketball \_\_\_\_\_  
 Track & Field \_\_\_\_\_  
 Golf \_\_\_\_\_  
 Cross Country \_\_\_\_\_

Total Paid: \_\_\_\_\_

Not Played At NLRCA School:  
**Football (IC)**

Has your child received a NLR Catholic Academy Award Letter (Yes/No)

**Sports:** VB BB T&F GOLF CL FB

**(Please fill out additional registration sheets for each child)**

I hereby give my permission for my child/children to participate in NLR Catholic Academy Sports Program.

I agree as a parent of a child/children participating in **ALL SPORTS** to work **(example: Concession stand; gate; scoring; cleanup; etc.)** during the times when my child's team will be playing in our "Home" gym. I understand I/We will be scheduled to work at times when my child/children are out playing, so I/We will be able to watch their games.

\_\_\_\_\_  
 (Parent/Guardian Signature)

\_\_\_\_\_  
 (Date)