



**Holy Angels Regional School Athletic Program
Registration Form**

Fall 2023

Please return to the Main Office by September 13, 2023

☐ Cross Country

Student's Name: _____ **Grade:** _____

Address: _____

Mother's Name: _____ **Father's Name:** _____

Home Phone: _____ **Home Phone:** _____

Work Phone: _____ **Work Phone:** _____

Cell: _____ **Cell:** _____

Email: _____ **Email:** _____

Emergency Contact Name and Phone: _____

Holy Angels Regional School participates in the Catholic Middle School Athletic Association (CMSAA). This is a competitive athletic league affiliated with Catholic Schools throughout the Diocese of Rockville Center. As with any athletic program, there is an inherent risk of injury. ***A current sports physical must be on file with the School Nurse prior to participation in any athletic program, including evaluations and practices.*** Participation also permits the school to use names and photos of students in any news report, publication, etc. at the school's discretion. Athletes, parents, spectators, and coaches are expected to know and follow the *Code Of Conduct* set forth by the school.

I give my permission for my child, _____ to participate in _____ (Print Sport) during the Fall 2023 season.

I am able and willing to assist in: (please check one box)

Transportation ☐ **Coaching** ☐ **Game/Meet Assistant** ☐

Registration Fee: \$95 per sport Uniform Fee: \$30* *

Checks only made payable to Holy Angels Regional School. Please include the sport name on the memo line. **Uniform fee is not necessary if your child has the official Holy Angels uniform shirt.

T-Shirt Sizing: (Please specify, Adult: S – XL) _____

Parent/Guardian Signature: _____

Office Use Only: Amt \$ _____	Check #: _____	Date: _____
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