

# SPOKANE CATHOLIC SCHOOLS LEAGUE

## Football Registration, Fall 2011

**DEADLINE: Monday, June 6th**

**Registration Fee: \$75.00, Late Fee (after June 6th): \$90.00**

**TEAMS** – 5<sup>th</sup> & 6<sup>th</sup> will have combined teams from their respective schools. 7<sup>th</sup> and 8<sup>th</sup> Grade teams will have combined teams from their respective schools. School identity will take precedent for team formation but schools will be combined in order to create 11-man football teams.

**PRACTICES** – Practices may begin the week of August 22. Your coach will contact you about practice times and location.

**GAMES** – Games will begin on the weekend of September 10-11. Teams will play on Saturdays and/or Sundays primarily at Gonzaga Prep. All coaches will adhere to strict playing guidelines and abide by the rules set forth in the Diocesan Athletic Handbook.

**COACHES** – Coaching clinics and First Aid clinics will be offered TBA in preparation for next Fall.

**Parents:** Please make every effort to turn in this registration slip on time. We cannot guarantee a place on the team or a uniform if you do not submit your registration on time. Team composition is determined by the sign-ups received by the cut off date. The deadline is important as we need to decide if we must combine with other grades or another school to create a team or divide a team into two because we may have too many/few students to ensure adequate playing time for all. By returning a late registration you may be limiting not only your own son/or daughter's playing time, but it may also affect the players who registered on time for the team. Thank you.

*(Limited scholarships available to those who qualify. Contact Mrs. Greany at 924-4300, ext 204)*

---

### **REGISTRATION FORM: Please complete this form and return it to your school.**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Grade(11-12 School Year) \_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Email address you would like practice and game schedule sent to.

My son, \_\_\_\_\_ has permission to register for Football for the year 2011-2012. He will play at the (Check one box) \_\_\_\_\_ 5<sup>th</sup> & 6<sup>th</sup> level; \_\_\_\_\_ 7<sup>th</sup> & 8<sup>th</sup> level.

I have enclosed the \$75.00 registration fee (checks payable to St. Mary's) and have signed to verify my permission and commitment to play.

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

\_\_\_\_\_ I am interested in coaching or helping coach this team.

\_\_\_\_\_ Contact phone and Email address.