

Calvary Warrior Athletic Registration Form

Student Last Name: _____ First Name: _____ DOB: _____
 Grade: _____ Homeroom: _____ Home Phone: _____
 Father's Name: _____ work# _____ cell# _____
 Mother's Name: _____ work# _____ cell# _____

Please indicate by checking the sports for which the athlete would like to participate. This is not a formal commitment; for planning purposes only. Also note which sports a parent will be willing to help coach or serve as a team parent.

6th – 8th grade: ***The V.I.S.A. League***

	<i>Participation</i>	<i>Volunteer</i>
• <u>Coed Volleyball</u>	_____	_____
• <u>Basketball</u>	_____	_____
• <u>Soccer</u>	_____	_____
• <u>Coed Softball</u>	_____	_____
• <u>Coed Track</u>	_____	_____

1st – 8th grade: ***The Boys & Girls Club of Harlingen***
FALL SEASON:

• <u>Coed Volleyball 4th – 5th grade</u>	_____	_____
• <u>Boys Flag Football 4th – 5th grade</u>	_____	_____

WINTER SEASON:

• <u>1st & 2nd Grade Basketball</u>	_____	_____
• <u>3rd & 4th Grade Basketball</u>	_____	_____
• <u>5th Grade Basketball</u>	_____	_____

SPRING SEASON:

• <u>Coed Kickball 1st – 3rd grade and 4th – 5th grade</u>	_____	_____
• <u>Girls Volleyball 6th – 8th grade</u>	_____	_____
• <u>Boys Basketball 6th-8th grade</u>	_____	_____

I have read the athletic letter and I understand the terms for payment, eligibility and I have attached the following:

- Information Form
- Physical Evaluation Forms
 - Medical History
 - Physical Examination
- Athletic Fee \$45.00 for Elementary School 1st – 5th
- Athletic Fee \$65.00 for Middle School 6th – 8th
 (Please make checks out to CCS)

Parent Signature: _____ Date: _____

Office Use Only

Date/Time received _____ Amt. Pd. _____ Check # _____ Cash _____

Info. Sheet _____ Physical _____ Birth Cert. _____ **Complete: Y / N**