



East Catholic Sports



FALL SPORTS (TYPICALLY RUN AUGUST – OCTOBER)

SOCCER is open to all 3rd through 8th Grade students
Developmental – 3rd & 4th Grade; JV – 5th and 6th Grade; Varsity – 7th and 8th Grade

CROSS COUNTY is open to 1st thru 8th Grade Students
JV – 1st thru 5th Grade; Varsity – 6th thru 8th Grade

VOLLEYBALL is open to 5th through 8th Grade students
JV – 5th and 6th Grade; Varsity - 7th and 8th Grade

WINTER SPORTS (TYPICALLY RUN OCTOBER – MARCH)

BASKETBALL is open to 3rd through 8th Grade Students
Developmental – 3rd and 4th Grade; JV – 5th and 6th Grade; Varsity – 7th and 8th Grade

CHEERLEADING is open to 4th through 8th Grade girls

SPRING SPORTS (TYPICALLY RUN MARCH - MAY)

SOCCER is open to all 3rd through 8th Grade students.
Developmental – 3rd & 4th Grade; JV – 5th and 6th Grade; Varsity – 7th and 8th Grade

VOLLEYBALL is open to 5TH through 8TH Grade boys
JV – 5th and 6th Grade; Varsity 7th and 8th Grade

REGISTRATION AND FEES

- The *registration fees for sports* are as follows: Fall soccer - \$60, Spring soccer - \$60, all other sports - \$50, with a cap of \$200 per family. Registration fees for Fall sports (soccer, cross country and volleyball) *are due by June 15*. For convenience (less paperwork!), parents/guardians *can also register* their children for Winter and Spring sports at this time.
- *Uniform deposit* of \$50. required for each sport. It is due upon receipt of the uniform.
- *Note:* These checks *will be returned* (uncashed) upon return of uniform (in good condition) at the end of the season.
- Send your *completed registration forms and check* to the school c/o East Catholic Athletic Association, 2001 Ardmore Blvd., Forest Hills, Pa 15221 *by June 15th*.
- *Make all checks payable to:* East Catholic Athletic Association.
- **All Physician Release Forms *must be completed and returned before the first scheduled practice for the school year.***



This Information Revised 2-12-16



**EAST CATHOLIC ATHLETIC ASSOCIATION
2001 ARDMORE BOULEVARD
PITTSBURGH, PA 15221**

REGISTRATION, PERMISSION SLIP AND STATEMENT OF INSURANCE

CHILD'S NAME: _____ PAYMENT: CHECK # _____ CASH _____
(please print all information clearly)

PROGRAM: ___ CROSS-COUNTRY ___ SOCCER Indicate Fall/Spring ___ BASKETBALL ___ CHEERLEADER
___ VOLLEYBALL

DATE OF BIRTH ____/____/____ MALE ___ FEMALE ___ GRADE _____

PARENT OR GUARDIAN NAME (s) _____

HOME ADDRESS _____
(Street) (City/State/Zip)

PHONE (s) HOME _____ WORK _____ CELL _____

E-MAIL _____

I AM A PARENT OR GUARDIAN OF THE ABOVE NAMED MINOR CHILD, THE PLAYER. IN CONSIDERATION OF ACCEPTANCE OF THE PLAYER AS A PARTICIPANT IN THE ATHLETIC PROGRAM SPONSORED BY EAST CATHOLIC, I HAVE READ AND UNDERSTOOD THAT:

A) EAST CATHOLIC DOES NOT INSURE PLAYERS UNDER ANY ACCIDENT, MEDICAL OR LIABILITY INSURANCE PROGRAM AND HAS NO RESPONSIBILITY TO DO SO.

B) THE PLAYER IS COVERED BY THE FOLLOWING MEDICAL/ACCIDENT INSURANCE:

INSURANCE CO. _____ POLICY # _____

C) A PLAYER CANNOT PARTICPATE IN THE ATHLETIC PROGRAMS UNLESS COVERED BY MEDICAL/ACCIDENT INSURANCE AND HAS HAD THE REQUIRED PHYSICAL BY A CERTIFIED PHYSICIAN.

D) IN THE CASE OF EMERGENCY, WHEN I CANNOT BE REACHED, I HEREBY GIVE MY CONSENT FOR ALL MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE FOR MY CHILD.

EMERGENCY CONTACT - NAME _____ PHONE _____

ALTERNATE CONTACT -NAME _____ PHONE _____

FAMILY PHYSICIAN - NAME _____ PHONE _____

MEDICAL HISTORY (diabetes, epilepsy, asthma, etc.) _____

ALLERGIES (bee/wasp stings, candy/food/nuts, including medication) _____

MEDICATION (s) (currently taking) _____

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)