

Asheville Catholic School Tennis Registration

Asheville Catholic will participate in a mixed tennis league this year. Play is open to boys and girls attending ACS in grades 6-8 subject to age and attendance requirements. We will compete against teams from the WCCMSC and local public middle schools. It is helpful for players to have some knowledge of the game of tennis prior to registration.

The Registration Fee for this season is \$55 per child.

Practices will start soon after school begins. Practices and matches will be held after school. Players will be expected to attend all practices and games unless arrangements are made with the Coach. Parents may be asked to help with practices and home game assignments.

Please complete the form on the reverse side and return to the school with your registration fee and copies of birth certificate(s) at registration. **ALL PLAYERS MUST HAVE A SPORTS PHYSICAL FORM ON FILE IN THE OFFICE PRIOR TO PRACTICE OR PLAY.**

Please use a separate form for each child.

Please make all checks payable to **Asheville Catholic School Athletics.**

Any questions please contact ACS athletic director:

Leslie LeBlanc at 828-230-8775 or lleblanc29@gmail.com .

***Players must be students at Asheville Catholic School.
Please submit copy of birth certificate if not already provided this school year.***

ACS TENNIS REGISTRATION --- FALL 2010

Student's Name	Sex	Grade	Jersey Size*	Date of Birth	CELL PHONE NUMBER

*Jersey sizes: Adult S, M, L, XL

Parents - (Check all that you would like to do)

 Administrative Assistant to the Coach

Your son/daughter, guardianship is eligible to participate in the athletic program sponsored by Asheville Catholic School. This activity will take place under the guidance and supervision of volunteer coaches and parents. If you wish your child to participate in this program, please complete, sign, and return the following statement of consent and release of liability. As parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your child.

I hereby consent to participation by my child, identified above, in the athletic program sponsored by Asheville Catholic School and held at Asheville Catholic School and other facilities within the WCCMSC League or other facilities hosted by participating schools . I further consent to the conditions stated above on participation in this activity.

I give my permission for my child, in case of emergency, to be taken to a physician or hospital by either a volunteer coach, parent, or a staff member of Asheville Catholic School. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give my permission to the physician selected by the volunteer coaches and parents to hospitalize and secure treatment (including surgery) for my son/daughter.

Parent's or Legal Guardian's Signature

Date

Home Telephone Number

\$ _____ *

Amount Enclosed

Check Number

*indicate student's name(s) on check

E-mail address

\$55 per player payable to ACS Athletics

ACCIDENT/HOSPITALIZATION POLICY INFORMATION

Policy Name

Policy Number