

Asheville Catholic School Boys Soccer Registration

Asheville Catholic will participate in the WCCMSC boys soccer league this year. Play is open to boys attending ACS in grades 6-8 subject to the WCCMSC age and attendance requirements. We will compete against teams from Immaculata, Veritas, N.Asheville Christian, Emmanuel Lutheran, and Carolina Christian

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

Practices will begin soon after school starts. Matches will be played after school. Players will be expected to attend all practices and games unless arrangements are made with the Coach.

Please complete the form on the reverse side and return to school with your registration fee and a copy of the player's birth certificate if not already provided this school year.

**ALL PLAYERS MUST HAVE A CURRENT 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 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.***

Deadline for registration is September 3, 2010.

***Absolutely no late forms will be accepted
unless players are needed in order to form a team.***

ACS BOYS SOCCER REGISTRATION FALL 2010

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

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

_____ **Assistant Coach**
 _____ **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