

Our Lady of Sorrows School

2009-10 Athletic Registration Form

If your child plans to participate on any sports team this school year, please complete and return this **Registration** form and the **Medical Release** form which follows. **Both of these forms must be completed and returned** to the Athletic Director at OLS **before participation will be permitted.**

Student Name: _____

Date of Birth: ____/____/____

Grade/Class: _____

Gender: ___ Male ___ Female

Parent(s)/Guardian(s) Name:

1. _____

Telephone: _____

Email: _____

2. _____

Telephone: _____

Email: _____

Please circle the team/teams on which your child may participate during this school year:

FALL SPORTS	WINTER SPORTS	SPRING SPORTS
Fall Cross Country	Boys/Girls Basketball	Girls Softball
Grades 2-8	Crusader Clinic-Grades 1-2	JV-Grades 5-6
	Instructional Team-Grades 3-4	Varsity-Grades 7-8
Co-Ed Soccer	Junior Varsity-Grades 5-6	
Skills Clinic-Grades 2-5	Varsity-Grades 7-8	Spring Track
Varsity-Grades 6-8		Grades K-2 (fun runs only)
	Cheerleading	Grades 3-8 (running & field events)
Co-Ed Volleyball	Crusader Clinic-Grades 1- 4	
JV-Grades 5-6	Junior Varsity-Grades 5-6	
Varsity-Grades 7-8	Varsity-Grades 7-8	

NOTE: Playing two sports in the same season requires permission from both coaches.