

 St. Andrew Academy   
**Soccer**

CHILD'S NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ CCD: Y or N

Gender: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

SIBLINGS: \_\_\_\_\_

**\*\*IF INTERESTED IN COACHING SEE COACHING REQUEST FORM\*\***

**ATHLETICS USE ONLY:**

Member Fee \_\_\_\_\_ Concession Deposit/Fee **\$00.00** Sport Fee: **\$35.00** TOTAL: \_\_\_\_\_

Payment Type: Check # \_\_\_\_\_ Cash PD: \$ \_\_\_\_\_ Credit Card: \_\_\_\_\_

Uniform Deposit Check # \_\_\_\_\_ Received by: \_\_\_\_\_

❖ **NO REFUNDS AFTER LEAGUE FEES HAVE BEEN PAID TO CSAA.**

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ Date \_\_\_\_\_



# Uniform Deposit

## Soccer

A \$50 uniform deposit is required before receiving uniform.

Please make the check payable to St. Andrew Academy. Your check will NOT be cashed. It will be held in a safe in the School Business Office until uniforms are returned, at that time your check will be returned to you. The uniforms must be returned in good shape. This policy was put into effect due to the decreasing number of uniforms being returned after each sport is over.

Please sign below and return to the uniform coordinator.

Child's Name: \_\_\_\_\_

Child's Grade: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check #: \_\_\_\_\_