

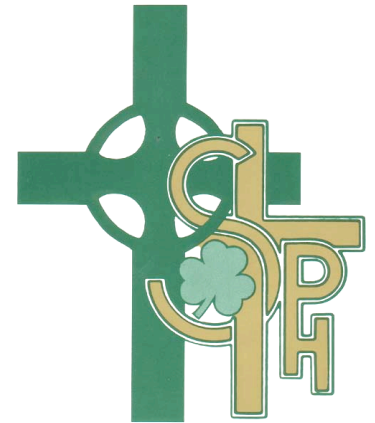
ST. PATRICK OF HEATHERDOWNS ATHLETIC BOARD

2010-2011 SPORTS REGISTRATION FORM

The registration fees are as follows: ****Note that not all fees are final.****

Please indicate the sport for which you are registering.

- | | |
|--|--|
| <input type="checkbox"/> Flag Football (Fall): \$30.00 | <input type="checkbox"/> WeePee Basketball (K-3) \$30.00 |
| <input type="checkbox"/> Cheerleading: \$45.00 | <input type="checkbox"/> Basketball (4-8): \$70.00 |
| <input type="checkbox"/> Cross Country: \$45.00 | <input type="checkbox"/> Baseball (LCRC 5-8): \$70.00 |
| <input type="checkbox"/> Football: \$65.00 | <input type="checkbox"/> Baseball (St. Pat's 3-4): \$60.00 |
| <input type="checkbox"/> Soccer (Fall): \$45.00 | <input type="checkbox"/> Baseball (Wee-Pee K-2): \$30.00 |
| <input type="checkbox"/> Volleyball (9-12): \$70.00 | <input type="checkbox"/> Softball: \$60.00 |
| <input type="checkbox"/> Volleyball (5-8): \$60.00 | <input type="checkbox"/> Track: \$45.00 |
| <input type="checkbox"/> Basketball (9-12): \$75.00 | <input type="checkbox"/> Soccer (Spring): \$45.00 |



**4201 HEATHERDOWNS
TOLEDO, OHIO 43614
SCHOOL: 419-381-1775
PARISH: 419-381-1540**

Make checks payable to **St. Patrick's Athletic Board.**

Player Information:

Last Name: _____ First Name: _____
 Grade: _____ Birthday: _____
 Address: _____ City: _____
 Home Phone: _____ Zip Code: _____
 Mother: _____ Cell Phone: _____
 Father: _____ Cell Phone: _____
 Parent E-mail address: _____

BOARD MEMBERS

- John Bishop
- Karla Bodenstedt
- Charlie Collins
- Kim Cryan
- Jason Dzierwa
- Gerald Keller
- Mike Kelly
- Brian Killian
- Rich Meklus
- Martin Ohlinger
- Dennis Richard
- Jim Scott
- Amy Stebli
- Tim Sobieszczanski
- Amanda Turner
- Bob Winterhalter
- Mike McGurk

Release of Liability

In consideration of the benefits from and because participation in the St. Patrick's Sports Program is voluntary, I grant my daughter/son permission it play in St. Patrick's sports. I agree not to hold St. Patrick's Athletic Board, its officers, directors, managers, or coaches of the teams, the Lucas County Recreation Center, or anyone connected with the team, liable for any injury.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Coaching

Please contact me about coaching. Coach Assistant Coach

Reverse Raffle

The registration fees cover approximately 50% of the cost associated with team registration fees, player registration fees, and equipment. The Athletic Board generates funds from the Reverse Raffle. Please consider helping with this event on **November 6th** by purchasing tickets, donating merchandise, purchasing an advertisement in the Reverse Raffle program, or donating a few hours of your time to help.

- Purchase Tickets Donate Merchandise Purchase an advertisement

Thank you for your continued support and permitting your child to participate in the St.

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Patrick's sports program.

The St. Patrick's Athletic Board



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