

**IC Athletics Registration**  
**2022-2023 School Year**

ALL SPORTS MEETING will take place at Open House on Monday, August 15 in the gym @ 5:30pm.

A CURRENT PHYSICAL EXAMINATION **IS REQUIRED** BEFORE ANY STUDENT CAN PARTICIPATE IN A SPORT AT IMMACULATE CONCEPTION SCHOOL. The physical MUST be turned in before a student athlete can practice. The 2-year MSHSAA physical form is on our school website, [www.icangels.com](http://www.icangels.com).

**Fees:** \$40 fee (\$15 Activity Fee and \$25 CMPAL Fee PER SPORT). **This athletic fee is non-refundable.** It will be billed through FACTS at the beginning of each sport season.

- \$50 concession deposit per family – check due at Open House. Check# \_\_\_\_\_ (office use only)

**Athletic Options** (please select the sport(s) your child(ren) will be participating this school year.):

4<sup>th</sup>-8<sup>th</sup> Grades: \_\_\_\_\_ Cross Country \_\_\_\_\_ Archery (separate registration in Oct.)

5<sup>th</sup>-8<sup>th</sup> Grades: \_\_\_\_\_ Volleyball \_\_\_\_\_ Basketball \_\_\_\_\_ Track and Field

6<sup>th</sup>-8<sup>th</sup> Grades: \_\_\_\_\_ Cheerleading (\$15 Activity fee only)

**Try-outs:** (Specific information will be provided the week before)

- Volleyball Dates (if necessary) – Monday, August 8<sup>th</sup> and Tuesday, August 9<sup>th</sup>
- Basketball (if necessary) – Sunday, October 2<sup>nd</sup> – Tuesday, October 4<sup>th</sup>

*\*If an athlete is unable to participate in try-outs, he/she will be placed on the lower level team upon team division.*

**PERMISSION TO PLAY (\*1 form per Athlete)**

I, we, the parent(s) of \_\_\_\_\_ (child's name), grade \_\_\_\_\_, allow my child to participate in the PAL School Athletic League. I/we understand that there will be reasonable supervision of our child. However, I/we also understand that injuries can occur. I/we will ensure our child's good health by **submitting a current physical to IC School before she practices or participates in the games.** In consideration for providing the opportunity to play any I.C. Athletics, I/we hereby release and hold harmless the school, its employees, and volunteers from any liability for any injury that our child may sustain while participating as a member of a team. I/we authorize the coach or school official to secure emergency treatment if necessary.

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

E-Mail: \_\_\_\_\_ Cell#: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contacts if parent(s) are not available:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

**COACHING**

If you are interested in coaching or assisting with a team, please complete the information below. The success and enjoyment of our school-sponsored programs depend largely on the involvement of parents at many levels, either as coaches, assistant coaches, taking admissions or as fans. Thank you for agreeing to help!

I will ( ) Coach or ( ) Assist with a team Circle One: 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Parent's/Coach's Name: \_\_\_\_\_ Phone # (Cell): \_\_\_\_\_

Email: \_\_\_\_\_ Indicate Sport(s): \_\_\_\_\_