

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.

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.):

4th-8th Grades: _____ Cross Country _____ Archery (separate registration in Oct.)

5th-8th Grades: _____ Volleyball _____ Basketball _____ Track and Field

6th-8th Grades: _____ Cheerleading (\$15 Activity fee only)

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

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

**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: 4th 5th 6th 7th 8th

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

Email: _____ Indicate Sport(s): _____