

General Information

The season's practices will begin in early August. If your child intends to play you **MUST** fill out and return the attached registration form with payment no later than **July 3, 2021**. Late submissions may preclude your child from participating. After the deadline players will be placed on a team only if there are openings on that team.

Please fill out the form in its entirety. As far as t-shirt sizes, it is easier for the kids to move as they need to during games with a larger sized t-shirt. Weather may create the need for your child to wear clothing under their t-shirt. Also, remember that your child will probably grow over the summer and therefore may require you to order a larger sized t-shirt anyway.

Please fill out one form per child. Payment can be combined for siblings.

T-shirts will be handed out prior to the first game.

\$45 per child (need new jersey/t-shirt) Make checks payable to St. Jude's Soccer \$40 per child (if you will be using jersey/t-shirt from prior season)

Teams are divided up in the following grades:

1 st /2 nd Grade Co-Ed	
3 rd /4 th Grade Girls	3 rd /4 th Grade Boys
5 th /6 th Grade Girls	5 th /6 th Grade Boys
7 th /8 th Grade Girls	7 th /8 th Grade Boys

With the exception of the 1st/2nd grade teams, each team will be involved in a post season tournament.

Playing time: (Per the PPSA By-Laws) Each rostered dressed player attending a game must play the equivalent of at least two full quarters unless under disciplinary action or where illness, injury or physical limitations prevent the player from participating the equivalent of two full quarters.

Let's make the fall of 2021 a wonderful year for our Parish's Soccer program, and provide our children with an opportunity to make memories they'll take with them the rest of their lives.

Also, we are going to need coaches for each of the teams. I understand that the parents might be a little apprehensive to volunteer to coach based on lack of knowledge or experience. Please do not let this discourage you from volunteering to coach. I will make sure you have resources available to assist you. Plus this is a good way of gaining volunteer hours for those with children at St. Jude's School

T-Shirt Information/Coaching Request/ PPSA

If you would like to use the shirt your child had last year (ensure they have the same number, etc) please check the yes box and list your child’s number from last year.

What grade will your child be in during the Fall 2021 season? _____

I would like to use the shirt that my child was given last year. Yes

If yes: What was your child’s number on the back of their shirt? _____.

If no: What size shirt will you need for the Fall 2021 season (please circle one)?

Youth Medium (10-12) Youth Large (14-16) Adult Small (34-36)

Adult Medium (38-40) Adult Large (42-44) Adult X-Large (46-48)

Travel Players: Is the participant a member of a travel soccer team (i.e. Pekin Pride, Blaze SC, FC Peoria, etc)?

_____ . Yes _____ . No If yes, which club? _____.

Coaches:

I would like to be a coach Yes

If yes: What grade(s) are you interested in coaching? _____. Head or Asst. _____.

Note: All coaches, assistant coaches and volunteers, of any kind from Parishes in the Diocese of Peoria must be fingerprinted, complete a CDFS background check (CANTS), and attend the Protecting God’s Children program prior to any kind of involvement in the program.

Code of Ethics and Sportsmanship	
<p>It shall be the goal of the Peoria Parochial Soccer Association to teach, foster, and promote the sport of soccer. It is the intent of this program to provide participants with an opportunity to enjoy the sport while working to Learn and Improve their playing skills in addition to promoting Good Sportsmanship and a Christian Attitude. Winning must never come at the expense of these fundamental objectives.</p> <p>As a parent/guardian, I will strive to instill and promote in my children, the meaning of Good Sportsmanship and a Christian Attitude.</p>	
<p>_____</p> <p>Parent or Guardian Signature</p>	<p>_____</p> <p>Date</p>

**ATHLETIC, SPORTING AND OTHER EVENTS
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

A brief description of the activity follows:

Type of Event: _____

Location(s): _____

Individual in charge: _____

Duration of Activity: _____

Mode of transportation to and from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I understand the risks this activity presents to my child, including, but not limited to, serious personal injury or death. Any questions I have concerning this activity have been answered.

In consideration of my child being allowed to participate in this activity, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in this activity.

Signature: _____ Date: _____

Signature: _____ Date: _____

MEDICAL INFORMATION

STUDENT / MINOR

Name (first, middle, last): _____

Address: _____

EMERGENCY CONTACTS:

Parent(s) or Guardian

Name (First, middle, last): _____

Phone (include area code): _____

Other Contact

Name (first, middle, last): _____

Relationship (friend,
Relative, neighbor, etc): _____

Phone (include area code): _____

STUDENT/MINOR'S REGULAR PHYSICIAN:

Name (first, middle, last): _____

Phone (include area code): _____

MEDICAL CONDITIONS:

Please list any medical conditions of the above student/minor (asthma, diabetes, epilepsy, etc.):

Please list any allergies or allergic reactions to medications of the above student/minor:

Please list any medications the above student/minor is now taking:

Date of student/minor's most recent tetanus shot:

Other pertinent medical information:

MEDICAL INSURANCE INFORMATION:

Company (primary medical provider): _____

Phone Number (include area code): _____

Identification number of plan: _____

Identification # of covered employee: _____