

TRINITY ACADEMY

Soccer Program

Registration Night



All boys and girls in grades K - 8 are invited to join a **Trinity Academy** soccer team during the Fall of the 2010-11 school year. There will be a multi-session indoor/outdoor instructional clinic for kindergarten children as well. If you are interested, please complete the attached registration form and bring it with you to **REGISTRATION NIGHT**.

WHEN: Monday, June 7th, 2010

WHERE: Trinity Academy Gym Lobby

FEE: \$70.00* per child.

If your youngest child is in kindergarten clinic - 4 th grade, register all of your children from 6:00 to 7:00 pm.

If your youngest child is in 5th to 8th grade, register all of your children from 7:00 - 8:00 pm.

***The registration fee after Wednesday June 8th is \$85.00.**

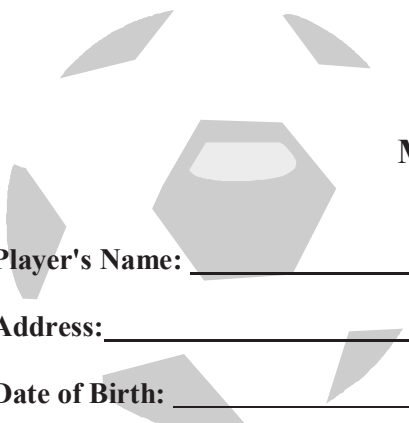
Please make checks payable to: **TRINITY ACADEMY SPORTS ASSOCIATION**. Refunds will only be issued until teams have been determined, **AFTER WHICH NO REFUNDS WILL BE ISSUED**.

REGISTRATION FORMS MUST BE SUBMITTED IN PERSON ON REGISTRATION NIGHT. NO FORMS WILL BE ACCEPTED THROUGH THE SCHOOL OFFICE. Forms submitted after the June 7th Registration Night will not guarantee a spot on the roster. Late registrations will only be used to fill gaps on teams on an "as needed" basis.

The registration fee includes jerseys and socks. Participants will need to provide their own black shorts. **All shorts must be mid-thigh cut.** Shorts should not reach to below the player's knees and should not be any shorter than mid-thigh. Players violating this requirement will not be permitted to play in games until shorts complying with this requirement are worn.

VOLUNTEERS: ANYONE INTERESTED IN COACHING OR VOLUNTEERING FOR FIELD MAINTENANCE PLEASE SIGN UP AT REGISTRATION NIGHT

Please contact Anthony Petrucci at (973) 325-7871 if you have any questions. Email: apdpfe@verizon.net



**Trinity Academy
2010 Soccer Registration
Medical Release and Waiver Form
Code of Conduct Certification**

Player's Name: _____

Address: _____

Date of Birth: _____ **Gender:** _____ **Grade in September:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Emergency Contact: _____

Relationship to Player: _____ **Home Phone:** _____

SHIRT SIZE - circle one: Child Size – S M L Adult Size – S M L XL
--

Please list any allergies or pertinent medical information: _____

Medical Release

I, _____ parent/legal guardian of the above named child hereby give permission to participate in the Trinity Academy Sports Association Soccer Program. I understand the risk of injury associated with the sport of soccer and agree that in the event that my child should suffer injury of any sort while participating in this activity, unless such injury is caused by intentional or gross negligent conduct, I agree to hold harmless and not pursue any legal claims against Trinity Academy, Saint Aloysius Church, the school group sponsoring this activity, The Archdiocese of Newark, or any of said groups' agents, servants or employees including coaches, trainers, and volunteers. Furthermore, I hereby certify that the above named child is not currently under a physician's care for any medical condition and that he/she is medically able to participate in the school sponsored soccer program or that my child is currently under a physician's care for _____ (describe condition), but is still medically able to participate in the soccer program. Furthermore, if my child should require minor emergency medical care while participating in the sport, I hereby give my permission to administer the necessary care. In the event of serious accident or illness, I hereby give my permission for my child to be transported to a hospital and for the hospital to administer the appropriate medical care.

Name of Parent/Guardian (print): _____

Signature of Parent/Guardian: _____

Code of Conduct Certification

I, _____, parent/legal guardian of the above named child hereby certify that I have read and agree with the terms of the attached Parents' Code of Ethics and that I have reviewed the attached Uniform Code of Conduct with the above named child and that the above named child and I agree with its terms.

Name of Parent/Guardian (print): _____

Signature of Parent/Guardian: _____

If you have any questions or need additional information, please contact Anthony Petrucci at 973.325.7871 or email:

apdpfe@verizon.net

REGISTRATION NIGHT: June 7th, 2010





Parents' Code of Ethics

We hereby pledge to provide positive support, care and encouragement at all times for our child participating in youth sports by following the Code of Ethics.

We will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sport events.

We will place the emotional and physical well-being of our child ahead of any personal desire to win.

We will insist that our child play in a safe and healthy environment.

We will provide support for coaches and officials working with our child to provide a positive, enjoyable experience for all.

We will demand a drug, alcohol and tobacco free sports environment for our child and agree to assist by refraining from their use at all youth sports events.

We will remember that the game is for the children and not for adults.

We will do our very best to make youth sports fun for our child.

We will ask our child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, national origin, handicap, personal background, or ability.

We will promise to help our child enjoy the youth sports experience within our personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever we are capable of doing.

Uniform Code of Conduct

I hereby request the privilege of playing on a Trinity Academy soccer team. As a member of the interscholastic team, I agree to the following conditions for participation:

1. I will safeguard and properly care for all equipment issued to me. I understand that I am financially responsible for this equipment.
2. I understand that my academic commitments have the highest priority and I will make every effort to maintain a good scholastic record.
3. I will follow the training rules and practice schedules that are established by the coach. I will also follow the "Code of Conduct" established by the Trinity Academy Sports Association Advisory Board.
4. I will adhere to the eligibility standards as established by the league in which Trinity Academy participates.
5. I will conduct myself on and off the playing field so as to bring credit upon myself, my team, and Trinity Academy.
6. I understand that I may not participate in any practice or competition during the period of any school suspension or detention.

7. Zero Tolerance Policy For Athletes

I am fully aware of the dangers and illegalities inherent with drugs, alcohol, and any form of tobacco. I will not use, sell, distribute, or be in possession of alcohol, drugs, or tobacco at any time. I understand that the violations of the agreement will result in the following penalty:

a. IMMEDIATE FORFEITURE OF ALL PRIVILEGES OF REPRESENTING TRINITY ACADEMY IN ANY ATHLETIC COMPETITION FOR THE REMAINDER OF MY SCHOLASTIC CAREER AT TRINITY ACADEMY.

Adapted from the National Youth Sports Coaches Association

