Dear Parents,

We are in the process of planning for **ALL** athletic programs for the upcoming 2023-2024 school year. Holy Family, Sacred Heart, and Visitation (St. Joseph for Cross-country) students in grades 4-8 will have the opportunity to participate in the sports of Volleyball and Cross-country in the Fall and Basketball and Archery in the Winter.

A parent of each participant must register their child for the sport that they wish to participate in prior to the deadline given for each sport.

	Volleyball	Cross-Country	Basketball	Archery
GRADE LEVEL	5 - 8	4 - 8	5 - 8	4 - 8
REGISTRATION ENDS	06/30/2023	06/30/2023	09/25/2023	11/15/2023
ACTIVITY FEE	$15	$15	$15	NA
TOURNAMENT FEE	At the cost of the athlete	At the cost of the athlete	At the cost of the athlete	$70
LATE FEE [1]	$10	$10	$10	$10
CMPAL FEE [2]	$25	$25	$25	NA
MAINTENANCE FEE	NA	NA	NA	$15
UNIFORM DEPOSIT FEE (Separate Check Please)[3]	$25	$25	$25	$25

Each student will need to have completed a sports physical exam by a licensed physician prior to the beginning of the season they plan to participate in. Please keep the original physical and send a copy of the physical to the school office.

Registration will consist of filling out the necessary forms as well as providing a copy of your child's physical and payment of a uniform deposit as well as the athletic fee.

To ensure that all information regarding athletics gets to all interested parties, please fill out the attached form and return it to the school office or mail to:

Holy Family School
PO Box 156
110 West Oliver Street
Freeburg, MO 65035

Thank you.

The Athletic Committee

[1] Late Fee of $10 will be assessed if registration forms and payments are not received by Registration End Date per child/sport.
[2] CMPAL Fee is assessed per child/sport in accordance with CMPAL Diocese of Jefferson City.
[4] Uniform Deposit Fee of $25 will be taken per child/sport. **Please make this a separate check from all other fees.**

VOLLEYBALL

- Fall Sports Registration Form –

Registration Ends – June 30th

Grades 5-8

If you child is participating in more than one sport, please fill out separate forms with separate checks.

Child's Name: _____ **Grade**: _____

	Holy Family		Sacred Heart		Visitation School

Parent/Guardian Information:

Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Cell Phone #:		Cell Phone #:	
Email Address:		Email Address:	
Yes --- No	I am interested in Coaching/Assistant Coaching	Yes --- No	I am interested in Coaching/Assistant Coaching

Registration Fees (See Chart on Parent Letter for Amounts)

Activity Fee:	$ 15.00	Uniform Deposit Fee:	$ 25.00
CMPAL Fee:	$ 25.00	Total:	$ 25.00
		Check #	
Late Fee after June 30th	$	Once my child's uniform has been returned…	
Total:	$	I would like my refundable uniform deposit check returned to me	
Check #		I give permission to shred uniform deposit check at the end of season	

****Please include separate checks for the Registration Fees and Uniform Deposit Fee****

Signature _____ Date: _____

For Athletic Committee Only

	Verification Form Returned
	Parents' Code of Ethics Returned
	Sports Physical Returned and Dated:

Cross-Country

- Fall Sports Registration Form –

Registration Ends – June 30th

Grades 4-8

If you child is participating in more than one sport, please fill out separate forms with separate checks.

Child's Name: _____ **Grade**: _____

	Holy Family		Sacred Heart		Visitation School
	St. Joseph				

Parent/Guardian Information:

Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Cell Phone #:		Cell Phone #:	
Email Address:		Email Address:	
Yes --- No	I am interested in Coaching/Assistant Coaching	Yes --- No	I am interested in Coaching/Assistant Coaching

Registration Fees (See Chart on Parent Letter for Amounts)

Registration Fee:	$ 15.00	Uniform Deposit Fee:	$ 25.00
CMPAL Fee:	$ 25.00	Total:	$ 25.00
Late Fee after June 30th	$	Check #	
		Once my child's uniform has been returned…	
Total:	$	I would like my refundable uniform deposit check returned to me	
Check #		I give permission to shred uniform deposit check at the end of season	

****Please include separate checks for the Registration Fees and Uniform Deposit Fee****

Signature _____ Date: _____

For Athletic Committee Only

	Verification Form Returned
	Parents' Code of Ethics Returned
	Sports Physical Returned and Dated:

Basketball

- Winter Sports Registration Form –

Registration Ends Sept. 25th

Grades 5-8

If you child is participating in more than one sport, please fill out separate forms with separate checks.

Child's Name: _____ **Grade**: _____

	Holy Family		Sacred Heart		Visitation School

Parent/Guardian Information:

Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Cell Phone #:		Cell Phone #:	
Email Address:		Email Address:	
Yes --- No	I am interested in Coaching/Assistant Coaching	Yes --- No	I am interested in Coaching/Assistant Coaching

Registration Fees (See Chart on Parent Letter for Amounts)

Registration Fee:	$ 15.00	Uniform Deposit Fee:	$ 25.00
CMPAL Fee:	$ 25.00	Total:	$ 25.00
Late Fee after September 24		Check #	
		Once my child's uniform has been returned…	
Total:	$	I would like my refundable uniform deposit check returned to me	
Check #		I give permission to shred uniform deposit check at the end of season	

****Please include separate checks for the Registration Fees and Uniform Deposit Fee****

Signature _____ Date: _____

For Athletic Committee Only

	Verification Form Returned
	Parents' Code of Ethics Returned
	Sports Physical Returned and Dated:

Archery

- Winter Sports Registration Form –

Registration Ends – November 15th

Grades 4-8

If you child is participating in more than one sport, please fill out separate forms with separate checks.

Child's Name: _____ **Grade**: _____

	Holy Family		Sacred Heart

Parent/Guardian Information:

Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Cell Phone #:		Cell Phone #:	
Email Address:		Email Address:	
Yes --- No	I am interested in Coaching/Assistant Coaching	Yes --- No	I am interested in Coaching/Assistant Coaching

Registration Fees (See Chart on Parent Letter for Amounts)

Tournament Fee:	$ 70.00	Uniform Deposit Fee:	$ 25.00
CMPAL Fee:	$ NA	Total:	$ 25.00
Maintenance Fee:	$15.00	Check #	
Late Fee after October 31st		Once my child's uniform has been returned…	
Total:	$	I would like my refundable uniform deposit check returned to me	
Check #		I give permission to shred uniform deposit check at the end of season	

****Please include separate checks for the Registration Fees and Uniform Deposit Fee****

Signature _____ Date: _____

For Athletic Committee Only

	Verification Form Returned
	Parents' Code of Ethics Returned
	Sports Physical Returned and Dated: