

2019 St. John's Girls' 6th- 8th Grade Soccer Information

- Practice will begin on Monday, September 9, 2019.
- Practices will take place on Monday and Wednesday from 3:15 - 4:30 p.m. Students not picked up by 4:35 p.m. will be sent to Aftercare.
- Games may occur any day of the week Monday through Friday
- Students may participate on cross country and play soccer. Students will attend one practice for each activity weekly.
- Equipment needed: All players must provide their own cleats and shin guards. Mouth guards are optional. Students should have indoor shoes available for all practices.
- Uniforms will be provided. Uniforms must be returned at the conclusion of the season. Students will be billed for any unreturned or damaged uniforms.
- Typically, practices will be held indoors in the case of inclement weather. As decisions are made regarding the cancellation of practices and games, a message will be left on the **Sports Hotline 301- 774-6804 x 185.**
- Please check the St. John's website for game schedule, game changes and directions.
- Approximate pick up times and class dismissal times will be announced in advance.
- Changes may occur for reasons other than weather.
- To register, please complete the attached form and return with a check for **\$140** to the front office by August 16, 2019. Keep this flyer for future reference.
- Any questions, please contact Risto Worthington, risto.worthington@stjes.org or 301-774-6804 x 196





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|----------------|
| Office Use: |
| Name _____ |
| Check # _____ |
| PMOF _____ |
| Amt. Pd. _____ |
| Date _____ |

GIRLS' SOCCER FALL 2019 REGISTRATION FORM

I/We, the parents of the undernoted student, hereby give my/our approval for his/her participation in any and all St. John's activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We hereby waive, release, absolve, indemnify, and agree to hold harmless St. John's Episcopal School, its organizers, sponsors, participants and persons transporting my/our son/daughter to or from activities, for any claim out of injury to my/our son/daughter. I/We assume responsibility for the administration of all medications to my/our son/daughter during these activities. It is the responsibility of the parent to discuss medical conditions and provide medications and administration procedures with your child's coach. Medications maintained in the health room at St. John's Episcopal School are for use during the school day and are not available for use in after school activities.

Parent/Guardian Signature: _____

Please Print:

Parent 1 Name: _____ Phone: _____

Parent 2 Name: _____ Phone: _____

Player Name: _____ Grade: _____

Please list any allergies or medical conditions the staff may need to know in case of an emergency:

There are occasions when we need help transporting athletes to events. If you may be available, please indicate below.

Yes ____ No ____

_____ Check for **\$140** made out to St. John's and returned with the registration form to the front office by August 16, 2019. **Your cancelled check is receipt of your form.**

_____ Please use preferred method of payment on file.

Total enclosed = _____ Please return to front office by August 16, 2019.

Questions: please call Risto Worthington, 774-6804 x 196 or e-mail risto.worthington@stjes.org