



The Booster Club would like to welcome you to the 2016-2017 school year. We are looking forward to another exciting year of athletics!

Students in 5th- 8th grades have the opportunity to play the following after school sports:

Boys

Flag football
Basketball
Volleyball/Soccer

Girls

Volleyball
Soccer
Basketball

Each of these teams proudly represents St. Patrick Catholic School in the North County Parochial League (NCPL), competing against other Catholic schools in North County.

Join the Booster Club!

The Booster Club works along with the Athletic Department to provide financial support for the P.E. program for grades K-8, as well as the after school sports teams for grades 5-8. Since our inception in 2007, the Booster Club has had many accomplishments, thanks to the support of our members:

**New soccer goals* *Basketball hoops with protective pads*
Four sets of bleachers *State of the art scoreboard* *Portable sound system*
New team jerseys *New volleyball standards and nets* *Digital message board*
Two custom easy ups *Padded hockey rink**

Joining the Booster Club supports our school and creates school spirit!

New membership is only \$50.00 and members receive a special *complimentary* Booster Club hat!

Already a member? Don't forget to renew for only \$25.00 (attached is a list of current members).

****Bonus for membership!** All members receive a \$10.00 discount per child, for each sport they participate in.

***Team Pictures: Parents may purchase a team picture for an additional \$5.00.**

Please include payment with registration fee.

See below for:

- 1. Registration form for spring sports (boys volleyball/soccer and girls basketball)**
- 2. Booster Club Membership Form**
- 3. List of current Booster Club members**
- 4. Spirit Wear Order Form**

If your child would like to play **boys volleyball and/or soccer or girls basketball** this spring, please complete the registration form(s) below, enclose the appropriate fee(s) and **return to the front office by Friday, March 3rd, ATTN: Coach Martin.**

In order to pay the discounted registration fee, complete the Booster Club Membership form and attach the appropriate fee (please send **SEPARATE** checks for sports registration and Booster Club membership). **Please return registration forms no later than Friday, March 3rd, 2017.**

Boys Volleyball Registration

5th – 8th Grade

Due Date: Friday, March 3rd

The spring sports season for 5th-8th grade boys will be split between volleyball and soccer. The volleyball season will run for 3 short weeks, from **March 20th–April 6th**, with a tournament held on **Friday, April 7th at 12:00 p.m.** at **Epic Volleyball Club in Poway (13955 Stowe Dr. Poway, CA 92064)**. If your son would like to play volleyball, please complete this form and return it to the front office, Attn: Coach Martin. Information regarding practice days will be distributed after registration forms have been received and teams have been formed. There is NO fee to play volleyball this season.

Name of Child

Grade/Room #

Name of Parent

Parent Signature

Parent Email Address

Home Phone Number

Cell Phone Number

(Photo release – Parent signature also acknowledges that all sport games are potentially photographed)

I would like to volunteer as coach

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in interscholastic teams or extracurricular activities for this school year. I also agree to reimburse St. Patrick Catholic School for equipment issued to my child should it become lost. I understand that St. Patrick Catholic School cannot accept responsibility for personal items or school uniforms lost or stolen. _____(initial)

I understand that there are certain risks of injury inherent in the practice and play of sports, as well as in traveling and other related activities incidental to my child's participation. I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in extracurricular sports programs, and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as those I have listed below. _____(initial)

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless, San Diego Diocese, St. Patrick Catholic School, its officers, coaches and sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause. _____(initial)

I agree that I am to make any/all travel arrangements for my child to any athletic event in which the location is scheduled away from St. Patrick Catholic School. I agree to return any uniform or equipment to the Athletic Department within one week of the last game of the season. **I understand that I will be billed \$50.00 for any uniform/equipment not returned.** _____(initial)

Please List Any Physical Limitations (asthma, allergies, hearing, sight, etc.) _____

Insurance Company

Policy Number

Are you available to drive? **Yes** **No**

Are you Live Scanned? **Yes** **No**

Emergency Contact (Print)

Emergency Contact Phone Number

Team Sports/Athletic Department-Spring Registration Form 2017

DUE: FRIDAY, MARCH 3rd

_____ _____ **Boy** _____ **Girl**
Name of Child **Grade/Room #**

Name of Parent **Parent Signature** **Parent Email Address**

Home Phone Number **Cell Phone Number**

(Photo release – Parent signature also acknowledges that all sport games are potentially photographed)

SPORT FEE: Booster Club Member Fee: \$40.00
NON-Booster Club Member Fee: \$50.00

TEAM PICTURE FEE: \$5.00
(Photos will be distributed at the end of the sports season)

TOTAL ENCLOSED: \$ _____

Checks only – made out to **St. Patrick Catholic School**

_____ I would like to volunteer as coach _____ I would like to volunteer as team parent
 (registration fee waived) (registration fee waived)

Season	Sport		Grade (circle one)			
Spring	Boys Soccer (4/24 – 5/24)		5 th	6 th	7 th	8 th
Spring	Girls Basketball (3/20 – 5/25)		5 th	6 th	7 th	8 th

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in interscholastic teams or extracurricular activities for this school year. I also agree to reimburse St. Patrick Catholic School for equipment issued to my child should it become lost. I understand that St. Patrick Catholic School cannot accept responsibility for personal items or school uniforms lost or stolen. _____ (initial)

I understand that there are certain risks of injury inherent in the practice and play of sports, as well as in traveling and other related activities incidental to my child’s participation. I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in extracurricular sports programs, and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as those I have listed below.
 _____ (initial)

In addition to giving my full consent for my child’s participation, I do hereby waive, release and hold harmless, San Diego Diocese, St. Patrick Catholic School, its officers, coaches and sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause. _____ (initial)

I agree that I am to make any/all travel arrangements for my child to any athletic event in which the location is scheduled away from St. Patrick Catholic School. I agree to return any uniform or equipment to the Athletic Department within one week of the last game of the season. **I understand that I will be billed \$50.00 for any uniform/equipment not returned.** _____ (initial)

Please List Any Physical Limitations (asthma, allergies, hearing, sight, etc.) _____

Insurance Company _____
Policy Number

Are you available to drive? **Yes** **No** Are you Live Scanned? **Yes** **No**

Emergency Contact (Print) _____
Emergency Contact Phone Number

Forms needed and due dates:

- **Athletic Department Registration Form (see below)**
- **Booster Club Membership Form (see below)**

<p>DUE: Friday, March 3rd, ATTN: Coach Martin REQUIRED: One form per student in grades 5th - 8th</p>

- Cost breakdown: \$50 for each sport/player. Booster Club families receive a \$10 savings per student per sport.

Other information:

- Each team needs one lead team parent and one coach.
- All coaches need to be Live Scanned.
- All drivers planning to drive more than their child need to be Live Scanned.
- The lead team parent and team coach receive a fee waiver for their child for that sport.
- Parents are responsible for seeing their children get to and get picked up from each game and practice.
- A few weeks of team practice generally precede the first official competitive game.

Team Parent Responsibility:

You will receive a Team Parent Responsibility form outlining all responsibilities.

- Communicate with parents regarding game schedules, practices, rides, etc.
- Coordinate team volunteers.
- Coordinate team party.
- Be responsible for medical release forms for each player.
- The lead team parent receives a fee waiver for their child for that sport.
- Be a positive role model for all student athletes.

Volunteer Coaching Requires the Following:

- Coordinate with the Athletic Director on the goals and expectations for each team, sport, and player. Understand the school's athletic team philosophy.
- Conduct after school practices, starting a few weeks before the season, once or twice a week.
- Attend and manage all games.
- Work with team parent on communicating to players and parents.
- The team coach receives a fee waiver for their child for that sport.
- Be Live Scanned.
- Be a positive role model for all student athletes.

2016 – 2017 Sports Schedule

All sports will have one Varsity (grade 7/8) and one Junior Varsity (grades 5/6) team. Depending on student registration and coach availability, more teams can be fielded.

Dates are approximate and can vary slightly from year to year based on school schedules. At the beginning of each school year the Athletic Department will publish a more refined schedule of dates for the sports seasons.

Fall

Girl's Volleyball Sept - Nov *
Boy's Flag Football Sept - Nov

*Varsity girl's volleyball tournament, organized and run by St Patrick Parish School Athletic Department, will be held at the beginning of December.

Winter

Girl's Soccer Jan – March (practices could begin in December)
Boy's Basketball Jan – March (practices could begin in December)

Spring

Girl's Basketball March - May
Boy's Volleyball/Soccer March – May

**** All School Track meet @ Cathedral Catholic High School on April 1st.**

2017 Spring Sports Schedule:

**Boys volleyball runs from March 20th-April 7th / Boys soccer runs from April 24th-May 24th
Girls basketball runs from March 20th - May 25th**

SPORT	GRADE	PRACTICE DAY	GAME DAY
JV Boys Volleyball	5 th & 6 th	TBD	Monday (2 games) 3:30 and 4:30
Varsity Boys Volleyball	7 th & 8 th	TBD	Wednesday (2 games) 3:30 and 4:30
JV Boys Soccer	5 th & 6 th	TBD	Monday
Varsity Boys Soccer	7 th & 8 th	TBD	Wednesday
JV Girls Basketball	5 th & 6 th	TBD	Tuesday or Thursday
Varsity Girls Basketball	7 th & 8 th	TBD	Tuesday or Thursday

Information regarding specific practice days, game days, and game schedule will be distributed after registration forms are received and teams have been formed.

Boys will need rubber cleats, ankle guards and shin guards for soccer practice and games.



**2016 – 2017
St. Patrick Catholic School
Sports Booster
Membership Form**

Parent Name	
Student Name(s)	
Grade/Class	
Phone Number	
Email Address	

Returning Member:		\$25 minimum donation
New Member:		\$50 minimum donation Includes Sports Booster Hat White or Black (circle one)

Additional Booster Club attire and gear:

- _____ Polo Shirt – Men’s \$25 Size: Adult – XXL XL L M S
- _____ Polo Shirt – Women’s \$25 Size: Adult – XL L M S
- _____ White Booster Club Hat \$20 One Size
- _____ Black Booster Club Hat \$20 One Size

Please make checks out to St. Patrick Catholic School

Questions: Please email Coach Martin at jmartin@stpaddys.org

Comments:

Current Booster Club Members

\$25.00 Returning Members/\$50.00 New Members

(Names that are in **BOLD** have already renewed their membership this year)

Adams	Ingwerson	Ramirez
Atilano	Johnson, Andrew	Reimer
		Reyes
Bates	Johnson, Tim	Rocco
Case	Kasper	Ryan
	Kathman	
Casola	Kenady	Saenz
Chin	Kern	Schneeweis
Ciarmoli	Koh	Scholey
Coffman	Kress/Luna	Shebest
		Shippen
Correa	Lippert	Simons
Corrigan	Lomax	Sisneros
Davis/Compas	Maas	Sitaras
Daybell	McDonald	Smith
Dresser	Machado/Masuzzo	Sonn/Cardin
Duncan	Martin, Neil	Such
Elsner	Martin, Ryan	Taitano
Fanucchi		Tedtaotao-Walker
Farwell	Meyer	Tejero
Gahr	Mitchell, Carrie	Thomas
Gallavan	Molloy	Torres
Geiling	Moncrief	Uetz
Gomez	Moreno/Fernandez	Van Natter
Granata	Munro	Viernes
Grimes	Nang	Walker
Guida		
Guthrie	O'Bryan	Welle
Hammond	Osterhout	Wieboldt
Hansen	Padilla	Williams, Travis
Heit	Padua	Winfree
Holloway	Park	Wyatt/O'Grady
Hughes	Ralph	Yasukochi
		Zizzo

2016-17 New Members

**Archdeacon
Barrientos
Bell
Butler
Carberry
Dea
Devlin
Donnelly
Gallucio
Gergurich
Krawiec
Martin, Rachelle
McGown
Paragas
Pham
Piccio/Menor
Prior
Sanchez
Stier
Strona
Tran
Washkowiak
Watson
Winkenhofer
Woessner**



St. Patrick Catholic School Spirit Wear Order Form

Please Circle Size & Indicate Quantity
All Numbered Items Corresponds With Numbered Pictures
 If items are not in stock, allow 2-3 weeks for delivery

- #1. Men's Green Polo Shirt \$35 – (S, M, L, XL, XXL, XXXL) Qty: _____
- #2. Men's ¼ Zip Pullover Jacket Green \$55 – (S, M, L, XL, XXL) Qty: _____
- #3. Ladies White Sleeveless Polo Shirt \$35 – (S, M, L, XL) Qty: _____
- #4. Ladies White Full Zip Hoody Jacket \$65 – (S, M, L, XL) Qty: _____
- #5. Black Adjustable Logo Hat \$20 – (One Size) Qty: _____
- #6. White Adjustable Logo Hat \$20 – (One Size) Qty: _____
- #7. St. Pat's Adjustable Trucker Hat \$15 – (One Size) Qty: _____
- #8. St. Pat's Adjustable Visor \$15 – (One Size) Qty: _____
- #9. Adult Unisex & Logo Sweatshirt \$25 – (S, M, L, XL) Qty: _____
- #10. Kid's Logo T-Shirt \$15–(YXS, YS, YM, YL, YXL) Qty: _____
- #10. Adult Logo T-Shirt \$15–(S, M, L, XL, XXL) Qty: _____
- #11. Kid's Logo Sweatshirt \$20 – (YM, YL, YXL) Qty: _____

Total Number of Items Ordered: _____

Total Amount Enclosed: \$ _____

Print Name: _____ **Student Name** _____
Student Grade: _____ **Email:** _____
Phone Number: _____

Circle Payment Type: Cash OR Check / Check #: _____

Please return this form with attached cash or check made payable to:
St. Patrick Catholic School - Attention: Erin Brennan (ebrennan@stpaddys.org)

#1



#2



#3



#4



#5



#6



#7



#8



#9



#10



#11

