



## **ST.THERESA INTRAMURAL SPORTS PROGRAM** **PACKET**

### **SCHEDULE**

Games will be on Saturday mornings on the STS grounds. Games will be at 9AM for PK/K Division, and 10AM for 1<sup>st</sup> /2<sup>nd</sup> grade Division. We are looking to have our 1<sup>st</sup> games on the weekend of **February 24<sup>th</sup>**. Depending on the number of teams that we can have, we will have 8-games for the season. Practices will be set by volunteer coaches. The number of teams will depend on the number of registered children.

### **REQUIREMENTS**

**If you already completed the PHYSICAL FORM for the first season, you do not have to redo it.**

All participants must complete a physical consent form and fill out this packet. These forms can be found on our school website. These must be filled out and turned into Coach Rodriguez's office before your child can participate in the Intramural Program.

### **REGISTRATION FEE**

The registration fee is \$130. Please make checks payable to St. Theresa School. The fee covers: Uniforms, Referees, & Awards for children and Coaches. Please attach fee along with the registration form below.

### **TEAM SELECTION**

The teams are selected at **random**. The teams will be put together with an even amount of children as possible depending on registrations. Each team will have, depending on number of volunteer coaches, two coaches per team and they will have their children on their team. Those are the only automatic placements that the program will have.

The teams will be comprised of the following:

- In the Pre-K/K division, it will be 5 Pre-K & 5 Kinder children.
- In the 1<sup>st</sup>/2<sup>nd</sup> Grade division, it will be 5 1<sup>st</sup> graders & 5 2<sup>nd</sup> graders.

### **COACHES**

**Volunteer Coaches are needed for this program; Coaches will receive full service hours required.**

**\*REGISTRATION FORMS DUE TO COACH'S OFFICE ON WEDNESDAY  
JANUARY 17<sup>TH</sup>\***

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**REGISTRATION INFORMATION**

**NAME OF STUDENT:** \_\_\_\_\_

**GRADE CURRENTLY IN:** \_\_\_\_\_

**UNIFORMS SIZE**

**SIZE:** \_\_\_\_\_

**CONTACT INFORMATION**

**PARENT(S) NAME:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**\*THIS IS FOR COACHES TO CONTACT YOU TO INFORM OF PRACTICES, SCHEDULE CHANGES, ETC.\***

**PARENT AUTHORIZATION AND RELEASE**

I hereby authorize \_\_\_\_\_ (name of child) give consent for child/ward to participate in the interscholastic sport listed above. I know of and acknowledge that my child/ward knows the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and the Archdiocese of Miami of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against my child's/ward's school, the schools which it competes, the contest officials, and the Archdiocese of Miami because of any accident or mishap involving the athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward is under the supervision of the school. I specifically extend the Athlete Consent and Release from Liability Certificate to include Intramural Sports.

**NAME OF PARENT:** \_\_\_\_\_

(PLEASE PRINT)

**SIGNATURE:** \_\_\_\_\_

# **ST.THERESA INTRAMURAL SPORTS PROGRAM**

## **COACH REGISTRATION FORM**

### **REGISTRATION INFORMATION**

NAME: \_\_\_\_\_

NAME OF CHILD & GRADE LEVEL: \_\_\_\_\_

### **CONTACT INFORMATION**

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_

### **OTHER INFORMATION**

**HAVE YOU COACHED IN STS INTRAMURAL PROGRAM BEFORE?**

\_\_\_\_\_ YES    \_\_\_\_\_ NO

**HAVE YOU BEEN FINGERPRINTED BY THE ARCHDIOCESE OF MIAMI AND VIRTUS CERTIFIED?**

FINGERPRINTING \_\_\_\_\_ YES (IF SO WHEN \_\_\_\_\_ )  
\_\_\_\_\_ NO

VIRTUS CERTIFIED \_\_\_\_\_ YES (IF YES PLEASE ATTACH COPY OF CERTIFICATE)  
\_\_\_\_\_ NO

***\*PLEASE NOTE THAT BOTH ADOM FINGERPRINTING AND VIRTUS CERTIFICATION ARE REQUIRED TO COACH IN THE STS INTRAMURAL LEAGUE***

By submitting and signing this registration form you understand that it does not guarantee a team to coach & that you will adhere to all the policies and philosophy of the Archdiocese of Miami & St. Theresa Catholic School. St. Theresa Catholic School & and the Athletic Department reserve the right to remove a coach from the STS Intramural League at any time due to conduct the Athletic Department or School Administration deem unsuitable of a coach in a Catholic setting.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_