

# SAINT AMBROSE OF WOODBURY

## 2009 SOCCER, VOLLEYBALL, AND CHEERLEADER SIGNUPS ARE HERE!!!



It's time to sign up for fall sports at Saint Ambrose, and that means soccer for boys and girls, volleyball for girls, and cheerleading for girls. We are offering teams for boys and girls in grades five through eight. Our teams compete at home and away games throughout the Catholic Athletic Association of Saint Paul. We would like to offer as many teams as possible, but the number of teams we offer will be determined by the number of paid athletes who sign up. The deadline for signing up for fall sports is June 5, 2009. Coaches for our fall teams are still needed, too!

The athletic fee for soccer or volleyball is \$60.00 and should be paid at the time this form is returned. The athletic fee for cheerleading is \$100.00. Early registration helps us organize the teams and join the right number of leagues, so please respond as soon as possible.

Please return this form with a check made out to Saint Ambrose to Mr. Demco in the Media Center, or you may drop them off in the school office. Mr. Demco will add your email address to the daily announcements list beginning in September.

\*\*\*\*\*

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

HOMEROOM: \_\_\_\_\_

GRADE IN FALL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

GENDER: \_\_\_\_\_

M / F

PARENT'S NAME: \_\_\_\_\_

PARENT'S EMAIL ADDRESS: \_\_\_\_\_

PLEASE CIRCLE ONE:

I am interested  
In coaching or  
Assisting a coach  
This season.

I'm not  
interested  
in being  
A coach  
This season.

PARENT'S SIGNATURE: \_\_\_\_\_

# 2009-2010 MEDICAL INFORMATION FORM

SAINT AMBROSE OF WOODBURY CATHOLIC SCHOOL  
4125 WOODBURY DRIVE - WOODBURY, MN 55129  
ATHLETIC DIRECTOR – TIM DEMCO (651) 768-3053

Dear Parents,

Please complete the information requested on this form. This information will accompany your child's team at practices, games, and tournaments. The medical information you provide will be used exclusively to inform first responders, paramedics, and physicians in the event of an accident or injury at a school-sponsored athletic event, to contact appropriate physicians, and to contact parents/guardians if the need arises. No other purpose exists for this form, and it will be destroyed at the end of the school year.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Please provide the medical information below so that it's available in the event of an emergency.**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Back Up Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Hospital: \_\_\_\_\_

Special Issues: (Pre-existing conditions, injuries, allergies)

---

---

---

---

**THIS FORM MUST BE RETURNED TO THE  
ATHLETIC DIRECTOR PRIOR TO BEGINNING  
PRACTICE OR PLAYING IN A GAME.**