

**St. Pius X Catholic School**  
**Sports Participation Form 5<sup>th</sup> - 8<sup>th</sup> Grade**

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**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Parent Names** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

*I would like to participate in the following SPX Athletic Program(s):*

**Fall Programs** (due May 1<sup>st</sup> of the previous school year) JV = 5<sup>th</sup> & 6<sup>th</sup> Grades Varsity 7<sup>th</sup> & 8<sup>th</sup> Grades

- Volleyball (\$100)
- Pepsquad (\$50) (Only 4<sup>th</sup> to 6<sup>th</sup> grade)
- Cheerleading (\$80)
- Football (\$100)
- Swimming (\$50)\*\* (one time meet in October)
- Cross Country (\$50)
- Tennis (\$50) (experience required one time tournament in November/practices on your own)

**\*\*Type of Swimmer:** ( ) Advanced/Year Round, ( ) Intermediate/Seasonal, or ( ) Novice or does not swim competitively

**Check ALL strokes that apply:** ( ) Breaststroke, ( ) Backstroke, ( ) Freestyle, ( ) Butterfly

*In order to participate in the Athletic Program(s) you have selected, you must turn in the following items to the SPX Athletic Director prior to the **first practice**.*

1. *Physical/Health Form Must be turned in before 1<sup>st</sup> competition*
2. *Athletic Program participation fee (see individual sport above)*
3. *Emergency Contact Form (backside of above form)*

CHECKS PAYABLE TO: ST PIUS X

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**Parent Authorization**

*I allow my child \_\_\_\_\_ to participate in the SPX \_\_\_\_\_ Program marked above. I do understand the fee associated with this sport is nonrefundable and until the fees are paid and the Physical/Health Form and Emergency Contact Form are given to the athletic director, my child will not be eligible to practice or receive a uniform. I also understand that if my child does not return the uniform to the coach after the Program is complete, I will need to come to the school office and pay a fine in order to receive their last report card.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**Athletic Director Acceptance**

- I have received the Physical/Health Form
- I have received the Emergency Contact Form
- I have verified that a completed Physical/Health Form is on file with the school A.D.

\_\_\_\_\_  
Athletic Director Signature

\_\_\_\_\_  
Date

CHECK # \_\_\_\_\_

CASH \$ \_\_\_\_\_

