



# 7/8 grade Southern Indiana Catholic Boys Soccer

Please contact [athletics@nadyouth.org](mailto:athletics@nadyouth.org) for more information or  
Jenn Murphy at 812-923-8355 ext 102



## Key Dates:

June 18	Registration Opens
July 8	Final Registration/First Practice @ Providence High School

## OFFICIAL REGISTRATION INCLUDES:

Completed Registration Form  
Payment of Registration and Uniform Fees  
Physical and Medical Release Form

## PLEASE COMPLETE THE FOLLOWING SECTIONS OF THE REGISTRATION FORM:

Individual Registration  
Uniform Order  
Photo Waiver

## Important Information:

- SIC Soccer is open to boys 7<sup>th</sup> – 8<sup>th</sup> grade attending deanery schools or whose family are registered members of a deanery parish.
- Participants cannot play for their public school team and a parish team at the same time.
- Practices will typically last 90 minutes and will be held 2-3 times a week until games begin.
- Participants need to provide their own shorts, socks, cleats, and safety equipment.
- Parents are responsible for transporting their children to practices and scheduled competitions.

*All forms and fees need to be completed before a participant will be allowed to practice.*

Adults volunteering to assist with coaching will need to complete the following requirements (*if they have not already done so*):

**Safe and Sacred online training**  
[www.safeandsacred-archindy.org](http://www.safeandsacred-archindy.org)

**Background Check**  
*completed with Safe and Sacred*

**Concussion Training**  
[www.cdc.gov/concussion/HeadsUp/Training/index.html](http://www.cdc.gov/concussion/HeadsUp/Training/index.html)

*Coaching resources, including free online instruction for concussion and heat illness, are available at*  
[www.nfhslearn.com](http://www.nfhslearn.com).

## 2018 SIC Boys Soccer Individual Registration

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Grade: \_\_\_\_\_ City: \_\_\_\_\_  
Parish: \_\_\_\_\_ State: \_\_\_\_\_  
School: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_  
Parent(s) Email: \_\_\_\_\_  
Parent(s) Number: \_\_\_\_\_

### Uniform Shirt Order - (\$25.00 each)

\_\_\_ Y M    \_\_\_ Y Lg    \_\_\_ Ad Sm    \_\_\_ Ad Med    \_\_\_ Ad Lg    \_\_\_ Ad XL

Registration Fee	\$65.00
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Total Uniform Purchase:	\$ _____
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Total Registration Fee:	\$ 65.00
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Total Fees Due:	\$ _____
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*Checks payable to NADCYM*

*Registrations can be mailed to:  
NADCYM, 101 St Anthony Dr.  
Mt St Francis, IN 47146*

## Photo Waiver

*The New Albany Deanery, Southern Indiana Catholic, and it's participating parishes/schools has my permission to use my likeness or my child's likeness publically to promote it's programming.*

*I understand that images may be used in print publications, online publications, presentations, websites, and social media.*

*I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For NADCYM Office use only:*

Cash/Check #: \_\_\_\_\_ Amount: : \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Deposited: \_\_\_\_\_

Physical on file @ \_\_\_\_\_