



7/8 grade Southern Indiana Catholic Girls Soccer

Please contact 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 girls 7th – 8th 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

Background Check
completed with Safe and Sacred

Concussion Training
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.

2018 SIC Girls 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 @ _____