



# St. Croix Preparatory Academy Football Signup Form

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Grade (2009/2010 School Year) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Mom's Email \_\_\_\_\_ Dad's Email \_\_\_\_\_

Mom's Primary Phone \_\_\_\_\_ Dad's Primary Phone \_\_\_\_\_

Mom's Secondary Phone \_\_\_\_\_ Dad's Secondary Phone \_\_\_\_\_

Played last year? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, what team? \_\_\_\_\_

Are there any medical conditions that the Coaches of SCPA need to be aware of? If so please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of participation in the SCPA football program, we hereby waive and release any and all claims for damages we may have or that my child may have against members of the SCPA, and/or the St. Croix Preparatory School system.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. FOR SCHOOL USE ONLY:**

**Fee: 9<sup>th</sup> thru 12<sup>th</sup> Grade**  
**NLA - \$150\***  
**SCPA - \$125**

**7<sup>th</sup> & 8<sup>th</sup> Grade**  
**NLA - \$125\***  
**SCPA - \$125**  
**Equipment Fee - \$25**

Payment method: Cash \_\_\_\_\_ Check \_\_\_\_\_ Amount Paid \_\_\_\_\_

Number of players paid for? \_\_\_\_\_

\*These amounts will be paid directly to New Life Academy.