

2009/2010 Greater St. Albert Sports Academy Grades 4-9 Registration Form

Greater St.
Albert
Catholic
Schools



Please complete this registration form in full, payment must be provided/indicated on reverse for registration to be considered complete.

Please return form to:

Geoff Giacobbo, Sports Academy Coordinator
Albert Lacombe Catholic School
50 Gainsborough Avenue
St. Albert, AB T8N OW5

All registrations will be processed through the Sports Academy Coordinator and forwarded to the appropriate school.

Last Name:		First Name:	
Address:			Postal Code:
Birth date:		Alberta Health Care Number:	
Parents/Guardian's Name			
Phone: (daytime)		Phone: (evening)	
Fax:		E-mail:	
Primary Sport Interest: (Please check one)			
<input type="checkbox"/> Hockey <input type="checkbox"/> Soccer			
Grade entering 2009 - 2010 _____			
Current School _____			
Academic Concerns: _____			
Current Academic Standing			
Math _____ Science _____ Language Arts _____ Social Studies _____			
* New Registrations Please include with this registration form: <ul style="list-style-type: none"> • a character reference letter from a teacher and/or a coach • a non-refundable program fee of \$220.00 payable on day of registration. (Payable to Greater St. Albert Catholic Schools) (This will be applied to the September 1, 2009 monthly payment) 			
* Students continuing with program <ul style="list-style-type: none"> • Please complete reverse of form 			

Over →

Methods of Payment: The Greater St. Albert Sports Academy will accept the following methods of payment. Please complete the information required for the method of choice.

1) **10 Post Dated Cheques dated for the 1st of every month beginning September 1, 2009 - June 1, 2010.**
(Payable to the Greater St. Albert Catholic Schools)
There will be a \$10.00 service charge for any NSF cheques and this method of payment will no longer be accepted.

2) **Visa number:** _____ **Expiry Date:** _____

Cardholders Name: _____

I authorize Greater St. Albert Catholic Schools to charge \$220.00 per month on the first business day of each month beginning September 1, 2009 and ending June 1, 2010.

Cardholders Signature

3) **MasterCard number:** _____ **Expiry Date:** _____

Cardholders Name: _____

I authorize Greater St. Albert Catholic Schools to charge \$220.00 per month on the first business day of each month beginning September 1, 2009 and ending June 1, 2010.

Cardholders Signature

4) Debit Card Transactions

Greater St. Albert Catholic Schools finance department will accept debit card transactions, however, because this method of payment requires a personal identification number (PIN) persons interested in this method of payment would be required to come to the division office each month for processing. (payment is due the 1st of every month)

PLEASE NOTE:

Greater St. Albert Sports Academy registrations will be accepted on a first come first served basis. You are encouraged to get your application in as soon as possible, as space may be limited by school capacity.

I understand:

- The guidelines set out on this registration form.
- The transportation implications.
- That I am responsible to provide CSA approved equipment.

Legal Parent/Guardian Signature: _____ Date: _____

“Athletics are a dress rehearsal for life!”