

# 2010/2011 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.*

<b>Last Name:</b>		<b>First Name:</b>	
<b>Address:</b>			<b>Postal Code:</b>
<b>Birth date:</b>		<b>Alberta Health Care Number:</b>	
<b>Parents/Guardian's Name</b>			
<b>Phone: (daytime)</b>		<b>Phone: (evening)</b>	
<b>Fax:</b>		<b>E-mail:</b>	
<b>Primary Sport Interest: (Please check one)</b>			
<input type="checkbox"/> Hockey <input type="checkbox"/> Soccer <input type="checkbox"/> Ringette			
<b>Grade entering 2010 - 2011</b> _____ <input type="checkbox"/> A.L. <input type="checkbox"/> VJM <input type="checkbox"/> Fowler			
<b>Current School</b> _____			
<b>Academic Concerns:</b> _____			
<b>Current Academic Standing</b>			
<b>Math</b> _____ <b>Science</b> _____ <b>Language Arts</b> _____ <b>Social Studies</b> _____			

**\* New Registrations Please include with this registration form:**

- 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, 2010 monthly payment)

**\* Students continuing with program**

- 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, 2010 - June 1, 2011.**  
(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.

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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, 2010 and ending June 1, 2011.*

\_\_\_\_\_  
Cardholders Signature

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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, 2010 and ending June 1, 2011.*

\_\_\_\_\_  
Cardholders Signature

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**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 1<sup>st</sup> 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!”*