Sports Registration Form
2026-2027

Student Name: _____ Grade & Teacher: _____

Primary Parent E-mail (please print clearly) _____

Primary Parent Cell number for text updates _____

Please place a check next to the program(s) you are registering your child for below in the Selection Box. Then, sign the form, submit it via email, and submit payment through our payment portal.

Selection	Sport	Grades Eligible	Season	Practice days	Practice Time	Cost
	T-Ball	K4- 2nd Grade	9/9-12/09	Monday & Wednesday	2:45pm-3:45p.m.	$ 376
	Fall soccer (A)	K4-3rd Grade	9/8-12/10	Tuesdays & Thursdays	2:45pm-3:45p.m	$ 377
	Fall soccer (B)	K4-3rd Grade	9/9-12/09	Mondays & Wednesdays	2:45pm-3:45p.m	$ 378
	Fall soccer	4th-5th Grade	9/9-12/09	Mondays & Wednesdays	4-5p.m.	$ 379
	Developmental Basketball	K4- 4th Grade	9/8-12/10	Tuesdays & Thursdays	3-4p.m.	$ 380
	Strength & Conditioning	K4-8th grade	9/8-12/10	Tuesdays & Thursdays	3:45p.m.-4:45p.m.	$ 381
	Pickleball	2nd - 8th	9/9-12/09	Mondays & Wednesdays	3:45p.m.-4:45p.m.	$ 325

WAIVER AND RELEASE: I (We) hereby give my (our) approval to my (our) child's participation in this activity and hereby, release, indemnify, and hold harmless Conchita Espinosa Academy, Inc., its staff and employees, by reason of my (our) child's participation in said program.

Parent's signature _____ Date: _____

Please return completed registration form via email to aizquierdo@conchitaespinosa.com and submit the program fee via the payment portal https://www.conchitaespinosa.com/payment-portal/ . Be sure to specify which sport(s) the payment is for, and also select the "Sports" option in the "Apply Payment To" section.
DUE BY WEDNESDAY, SEPTEMBER 2

OFFICE USE ONLY:

Date Received: _____ Payment Received: _____