

CYO FOOTBALL REGISTRATION FORM

NAME: _____ VARSITY _____ JV _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ AGE: _____ DATE OF BIRTH: _____ / _____ / _____

SCHOOL: _____ PARISH: _____ SEPTEMBER GRADE: _____

PREVIOUS EXPERIENCE IN THIS SPORT: _____

Helmet Size _____ Pants Size _____ Jersey Size _____ Number Choices _____, _____, _____.

LIST ANY MEDICAL PROBLEMS, PHYSICAL LIMITATIONS, DISABILITIES, SPECIAL MEDIATION, ETC. WHICH MIGHT AFFECT YOUR PARTICIPATION IN THIS SPORT:

VOLUNTEERS NEEDED		PLEASE CIRCLE
<u>COACH</u>	<u>T-SHIRT SALES</u>	<u>SNACK BAR</u>
<u>FIELD SET UP</u>	<u>ASIST W/FUNDRAISING</u>	<u>TRANSPORTATION</u>
<u>FIELD PAINTER</u>	<u>WORKING THE STICKS</u>	<u>VIDEOGRAPHER</u>

PARENTS: PLEASE READ AND SIGN

I UNDERSTAND THAT QUEEN OF PEACE PARISH DOES NOT CARRY INSURANCE FOR ANY INJURY WHICH OCCURS WHILE PARTICIPATING IN CYO SPORTS PROGRAMS. I HAVE THE INSURANCE COVERAGE AND WILL ACCEPT THE RESPONSIBILITY. BEFORE THE START OF THE SEASON, I WILL NOTIFY MY CHILD'S COACH OF ANY MEDICAL PROBLEMS THAT MAY AFFECT OR BE AFFECTED BY HIM/HER PLAYING. THE CHILD HERE NAMED MEETS ALL THE ELIGIBILITY RULES THAT HAVE BEEN STATED IN THE ARCHDIOCESAN CYO ATHLETIC HANBOOK (CONSULT YOUR COACH). THIS CHILD HAS MY PERMISSION TO PARTICIPATE IN THE ABOVE NAMED CYO SPORTS ACTIVITY."

MOTHER FIRST NAME: _____ FATHERS FIRST NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ FEE PAID: _____ CHECK _____

<u>PAYMENT PLAN USE ONLY</u>	4 Payments of \$68.75		
payment #1	payment #2	payment #3	payment #4

Payment #4 due before uniform Handouts at the end of August

Valid Email address _____