

## CYO FOOTBALL REGISTRATION FORM - ST. JOHN CRUSADERS

NAME: \_\_\_\_\_ VARSITY \_\_\_\_\_ JV \_\_\_\_\_

STREET: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMAIL ADDRESS(ES) \_\_\_\_\_

SCHOOL \_\_\_\_\_ PARISH \_\_\_\_\_ SEPTEMBER GRADE \_\_\_\_\_

PREVIOUS EXPERIENCE IN THIS SPORT \_\_\_\_\_

NUMBER CHOICES 1] 2] 3] JERSEY SIZE \_\_\_\_\_ PANT SIZE \_\_\_\_\_

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

**VOLUNTEERS ARE ALWAYS NEEDED!! PLEASE CIRCLE ANY THAT YOU MAY HELP WITH**

**COACHING**

**SNACK BAR ORGANIZATION**

**ASSIST W/ FUNDRAISING**

**TEAM EVENTS/PARTIES**

**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 NAMES MEETS ALL THE ELIGIBILITY RULES THAT HAVE BEEN STATED IN THE ARCHDIOCESAN CYO ATHLETIC HANDBOOK (CONSULT YOUR COACH). THIS CHILD HAS MY PERMISSION TO PARTICIPATE IN THE ABOVE NAMED CYO SPORTS ACTIVITY.

MOTHER'S FIRST NAME: \_\_\_\_\_ FATHER'S FIRST NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ FEE PAID \_\_\_\_\_

CASH OR CHECK

***CHECKS MADE OUT TO "CRUSADER FOOTBAL" - \$275 OR \$400 FOR TWO***

**PAYMENT PLAN USE ONLY**

***4 PAYMENTS OF \$68.75/EA***

PAYMENT #1

PAYMENT #2

PAYMENT #3

PAYMENT #4

Payments must be completed by start of the season