

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 FOOTBALL" - \$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