

2017 ST. FRANCIS SUMMER CLASSIC REGISTRATION FORM

PLAYER NAME _____ MALE FEMALE
ADDRESS _____ DOB _____
_____ HEIGHT _____
SCHOOL _____ WEIGHT _____
PARISH _____ GRADE (NOW) _____
MOTHER _____ FATHER _____
PHONE NUMBER FOR CONTACT _____
EMAIL ADDRESS FOR CONTACT _____
OTHER CONTACT IN CASE OF EMERGENCY _____
PHONE NUMBER FOR CONTACT _____

PLAYING EXPERIENCE/TALENT LEVEL

MEDICAL INSURANCE COMPANY/CARRIER _____

CONSENT, CERTIFICATION, AND WAIVER OF CLAIMS

In consideration of my child's participation in the SFDS Summer Classic, I, the undersigned parent/guardian of the child above, certify that the information on this form is correct, and I waive all claims for damages I may have against SFDS, the Summer Classic, its director, coaches, and other staff, for any injuries suffered by me or my child. I attest that my child is physically fit for participation in the SFDS Summer Classic. I have read and understand the Summer Classic rules and regulations, and agree to abide by them. I promise to participate as a player, coach, or spectator in accordance with these rules and the principles of good sportsmanship.

SIGNATURE _____ **DATE** _____

MAIL COMPLETED AND SIGNED APPLICATION WITH CHECK PAYABLE TO:
ST. FRANCIS SUMMER CLASSIC PO BOX 940703 ROCKAWAY PARK, NY 11694

FEES FOR PARISHIONERS OF ST. FRANCIS DE SALES

GRAMMAR SCHOOL	\$60.00	HIGH SCHOOL	\$75.00
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FEES FOR ALL OTHERS

GRAMMAR SCHOOL	\$70.00	HIGH SCHOOL	\$85.00
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APPLICATIONS ARE ACCEPTED FROM MAY 1-MAY 26

AFTER MAY 26 ALL APPLICATIONS MUST INCLUDE A \$25 SURCHARGE

AND ARE ACCEPTED AT THE DISCRETION OF THE DIRECTOR

SPECIAL REQUESTS MAY BE MADE BUT WILL NOT NECESSARILY BE ACCOMMODATED

REQUEST: _____

**PLEASE NOTE IF YOU OR YOUR CHILD WOULD LIKE TO COACH, VOLUNTEER OR WORK,
PLEASE FILL OUT AND INCLUDE THE APPLICATION FORM FOR THAT AS WELL**

FOR OFFICIAL USE ONLY

DIVISION _____ CHECK # _____ AMOUNT _____