

2023 ST. FRANCIS SUMMER CLASSIC REGISTRATION FORM

PLAYER NAME _____ MALE FEMALE
ADDRESS _____ DOB _____
_____ HEIGHT _____
SCHOOL _____ WEIGHT _____
PARISH _____ GRADE ('22-'23) _____
MOTHER _____ FATHER _____
PHONE NUMBER FOR CONTACT _____
EMAIL ADDRESS FOR CONTACT _____
OTHER CONTACT IN CASE OF EMERGENCY _____
PHONE NUMBER FOR OTHER 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. Players and their parents/guardians accept and participate at their own risk.

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		FEES FOR ALL OTHERS
GRAMMAR JUNIOR AND 2G	\$60.00	\$70.00
GRAMMAR MIDDLE	\$70.00	\$80.00
GRAMMAR SENIOR	\$70.00	\$80.00
HIGH SCHOOL	\$80.00	\$90.00

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 SEPARATE APPLICATION FORM FOR THAT AS WELL

FOR OFFICIAL USE ONLY:

DIVISION _____ CHECK # _____ AMOUNT _____

PLEASE INITIAL YOUR ACCEPTANCE OF THE FOLLOWING TERMS

_____ I HAVE READ THE SUMMER CLASSIC GENERAL RULES

_____ I UNDERSTAND THAT THE WAIVER OF CLAIMS INCLUDES IN REGARDS TO ANY TRANSMISSION AND CONTRACTION OF COVID-19

_____ I ACCEPT ANY RESTRICTIONS ON SPECTATORS THAT MAY BE IMPLEMENTED

_____ I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CHECK THE HEALTH OF MY CHILD, PRIOR TO EACH GAME.

_____ I UNDERSTAND THAT ANY PLAYER THAT IS EXHIBITING SYMPTOMS MAY BE ASKED TO STOP PLAY AND LEAVE GAME, BY A DIRECTOR

_____ I UNDERSTAND THAT ANY GAMES CANCELLED DUE TO INCLEMENT WEATHER MAY NOT BE RESCHEDULED

_____ I UNDERSTAND THAT BASKETBALLS MAY NOT BE BROUGHT INTO THE YARD

_____ I UNDERSTAND THAT BICYCLES MAY NOT BE RIDDEN IN THE YARD

_____ I UNDERSTAND AND ACCEPT THAT A CHILD MAY BE DISMISSED, AND NO REFUND ISSUED, FOR VIOLATION OF THESE RULES BY THE PLAYER OR EITHER PARENT