

# 2024 ST. FRANCIS SUMMER CLASSIC REGISTRATION FORM

PLAYER NAME \_\_\_\_\_ MALE FEMALE  
ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ HEIGHT \_\_\_\_\_  
SCHOOL \_\_\_\_\_ WEIGHT \_\_\_\_\_  
PARISH \_\_\_\_\_ GRADE ('23-'24) \_\_\_\_\_  
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

GRADES 2-4                      \$60.00  
GRADES 5-8                      \$70.00  
HIGH SCHOOL                      \$80.00

### FEES FOR ALL OTHERS

\$70.00  
\$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