



# REGISTRATION PACKET

- FOOTBALL
- CHEER
- RETURNING
- NEW

- VARSITY
- JR VARSITY
- NOVICE
- JR NOVICE
- MASCOT

Player Last Name: \_\_\_\_\_ Player First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Siblings Player Name(s): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parents/Guardians and Player/Cheerleader must complete and sign all paperwork and all fees must be paid to be on active roster.**

**WE WILL NOT ACCEPT ANY INCOMPLETE REGISTRATION APPLICATIONS.**

### ONLINE REGISTRATION: (Required prior to turn in date)

**\*\*You must go online to register\*\***

REGISTERED ONLINE: ([www.centralsaints.org](http://www.centralsaints.org))

Yes  No

### DOCUMENTS REQUIRED: (AT TURN IN DATE)

**\*\*These documents must be turned in\*\***

- CCHS Waiver Form
- Copy of Medical Insurance Card (both sides)
- Copy of Birth Certificate - No exceptions
- Copy of Most Recent Report Card
- TVYFL Physical Form

\*Saints coordinate and provide all physicals

### FUNDRAISERS:

FINANCIAL ASSISTANT FUNDRAISER (Optional)

\*See Fundraising Coordinator or Treasurer for options

FIREWORKS FUNDRAISER Mandatory

\*Begins in June...see Fireworks Fundraiser Flyer for more information

### PARENT/GUARDIAN ACKNOWLEDGEMENT

I UNDERSTAND AND ACKNOWLEDGE THAT ALL FEES OTHER THAN WORK DETAIL ARE **NON-REFUNDABLE**.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE READ ALL ATTACHED DOCUMENTS, INCLUDING THE PARENTS CODE OF CONDUCT AND AGREE WITH EACH PROVISION. EXCEPTION TO THESE RULES AND PROVISION WILL NOT BE MADE.

Parent/Guardian Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### For Saints Use Only

REGISTRATION FEE IS NONREFUNDABLE.

- Football (each) \$350 \$ \_\_\_\_\_
- Cheerleader (each) \$200 \$ \_\_\_\_\_
- Mascots (each) \$140 \$ \_\_\_\_\_

Sibling Football Player QTY: \_\_\_\_\_ \$ \_\_\_\_\_

Sibling Cheerleader QTY: \_\_\_\_\_ \$ \_\_\_\_\_

Sibling Discount (minus) \$ \_\_\_\_\_

TOTAL Registration \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_

Fundraising \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

### Monies Received

- Cash \$ \_\_\_\_\_
- Check Chk # \_\_\_\_\_ \$ \_\_\_\_\_
- Credit Card \$ \_\_\_\_\_
- Payment made on Sibling form

Sibling Name \_\_\_\_\_

\$400 WORK DEPOSIT Chk # \_\_\_\_\_ \$ \_\_\_\_\_

FIRE WORKS BUY OUT OPTION:

\$65 and receive no merchandise

Cash  Chk # \_\_\_\_\_  Credit Card \$ \_\_\_\_\_

TAKEN BY: \_\_\_\_\_ DATE: \_\_\_\_\_



**CENTRAL CATHOLIC HIGH SCHOOL  
DIOCESE OF STOCKTON  
SPORTS AND YOUTH ACTIVITY  
PERMISSION FORM**

**YOUTH ACTIVITY: CENTRAL SAINTS YOUTH FOOTBALL PROGRAM**

**PARENTS PROVIDE TRANSPORTATION FOR THEIR OWN CHILD**

Describe in detail; include transportation

CHILD'S NAME \_\_\_\_\_ PARISH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street, City, Zip)

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**PERSON (S) OTHER THAN THE PARENT/GUARDIAN TO NOTIFY IN CASE OF EMERGENCY**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

I, the parent (guardian) of the above named child, give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for youth activities.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities whether or not caused by negligence (active/passive) of the parish/school diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be billed against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity.

I, hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render treatment deemed necessary and appropriate by the physician.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_