

St. John's Athletic Association

Registration Form

Cross Country 2010

Welcome and thank you for participating in the St. John's Athletic Program. Our coaching staff is looking forward to working with you and your athletes this season.

Mail-In Registration must be received by: 8/16/2010

Cross Country Season: 8/14/10 - 10/31/10

Payment is due upon registration.
No late registration will be accepted without a \$25.00 late fee.

Please print all information below:

Name: _____ Sex: M F
First Middle Last Circle

Address: _____ Phone: (____) _____
Street Area Code

City: _____ State: _____ Zip: _____ Date: _____
Registration Date

Date of Birth: _____ Present Grade: _____ Parish: _____
Month-Day-Year

E-mail Address: _____

Name of School Attending: _____ Township: _____

Consent of Parent(s) or Guardian(s):

I (we) the parent(s) of the above named applicant for membership in the St. John's Athletic Association hereby give my (our) permission to my (our) child to participate in any and all activities. I (we) assume all risks incidental to such participation, including transportation to and from the activities. I (we) do hereby waive, release and agree to hold harmless St. John's CYO, Officers, Sponsors, Managers, Coaches, Referees, Participants and Persons transporting my (our) child to and from the activities, for any claim arising out of an injury to my (our) child.

Signature of Parent/Guardian: _____ Date: _____

Medical Condition(s)/Medication(s)/Insurance Information

Please list any medical condition/or medication taken that St. John's Athletic Association should be aware of for the participant during this sporting season.

Write None if no medical/medication is needed

Medical Condition/Medication	Medical Condition/Medication
Signature of Parent or Guardian	Date: _____ Policy Number: _____
Insurance Company Name: _____	Group Number: _____
Identification Number: _____	Remarks: _____

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Fees/Contributions/and Sponsorships

Registration Fee : \$25.00
Number of registrants _____

List additional names and information on a separate application.

Please make check payable to St. John's CYO Total: \$ _____

St. John's Athletic Association is soliciting sponsors to defer the cost of the sports program.

Yes, I would like to make a contribution to help offset the cost of the sports program:

_____ \$ _____
Signature of Contributor

Questions Call Bob Malone at (215) 295-2387

Mail In Registration: Please make check payable to St. John's CYO
c/o Bob Malone
12 Oakdale Blvd
Yardley, Pa. 19067

Volunteers

The success of the St. John's Athletic Program is in your hands and we need volunteers for assistant coaches and meet assistants. Please check the item below if you are able to help the program. Thank you and God Bless.

Assistant Coach _____ Meet Assistant _____

St. John's Athletic Association Pledge

The parents and coaches of St. John's will remember that the game is for the youths and not adults. The parents and coaches of St. John's will do their best to make youth sports FUN for your child.

Select uniform size

Child	SM	MED	LG	
Adult	SM	MED	LG	XLG

