

YOUTH NAME: _____

YOUTH AGE: _____

TEE SHIRT SIZE: _____

NAME OF BOTH PARENTS: _____

PARENTS' CELL: _____

PARISH: _____

SCHOOL: _____

2020-2021 GRADE: _____

PARENT EMAIL: _____

**MEDICAL INFORMATION (ALLERGIES, MEDICAL CONDITIONS,
ETC.):** _____

REGISTRATION FEE OF \$75 IS REQUIRED.