



**YOUTH
REGISTRATION**

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 - \$40 PER PERSON
\$25 PER PERSON FOR GROUPS OF 10 OR MORE***