



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: _____ E-Mail: _____

**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

- **You must go online to register****
- REGISTER ONLINE:(centralsaints.org)

DOCUMENTS REQUIRED: At turn in date

- **These documents must be turned in****
- Registration Packet
 - CCHS Waiver Form
 - Copy** of Birth Certificate uploaded into Registration application - No exceptions

FINANCIAL ASSISTANCE:

- FINANCIAL ASSISTANT FUNDRAISER (Optional)
- *See Fundraising Coordinator or Treasurer for options

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: _____

ONLINE REGISTRATION - Required

REGISTRATION FEE IS NON REFUNDABLE.

- Football (each) **Full or deposit** \$150/ \$450 \$ _____
- Cheerleader (each) **Full or deposit** \$150/ \$600 \$ _____
(does not include uniform)
- Mascots (each) **Full or deposit** \$140/ \$300 \$ _____
(does not include uniform)
- 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 _____
- \$750 Work Deposit Chk # _____ \$ _____

Received by: _____

Date: _____



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

YOUTH ACTIVITY: CENTRAL SAINTS YOUTH FOOTBALL & CHEER

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 diocese and 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 _____