

**St Mary of the Assumption**  
**2017 Football Registration Form**

<b>Player Name</b>	<b>Birth Date</b>
<b>Address</b>	<b>School</b>
<b>Development</b>	<b>Grade (Fall 2017)</b>

<b>Parent / Guardian</b>	<b>Name</b>	<b>Cell</b>
	<b>Name</b>	<b>E-Mail</b>
	<b>Name</b>	<b>Cell</b>
	<b>Name</b>	<b>E-Mail</b>

**Medical Restrictions**

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**Parishioner Status**

St Mary's Parishioner	
Non-Parishioner	

**Prep Class Day**

Summer	
Weekly	

**Parent Help**

Interested in coaching	
St Mary Dance Coordinator	
St Mary Dance Chaperone	

**Other CYM Participation**

Parish	
Sport	
Grade	

**Receipt of Fees( 3 Separate Checks) Total**

Registration (First Check)	\$200				
<input style="width: 40px;" type="checkbox"/> New Player	OR	<input style="width: 40px;" type="checkbox"/> Check 1			
OR	\$150				
<input style="width: 40px;" type="checkbox"/> Returning Player		+			
<input style="width: 40px;" type="checkbox"/> Equipment Return /	\$100	<input style="width: 40px;" type="checkbox"/> Check 2			(post date for 1/2018)
<input style="width: 40px;" type="checkbox"/> Volunteer Deposit	\$100	<input style="width: 40px;" type="checkbox"/> Check 3			(post date for 3/2018)

**Football Experience**

Organized Camps	
Recreational	
None	

I give my consent for the above named player to participate in the CYM athletic activity indicated. I authorize the parish to obtain any emergency medical care that may become reasonably necessary for the participant in the course of such athletic activity. I understand that there are certain risks in playing competitive athletics. I do not hold the parish, anyone acting on its behalf, the CYM of the Diocese of Wilmington and its administrators, directors and staff responsible for any injury to the participant. I also agree not to hold Red Clay Consolidated School District or anyone acting on its behalf responsible for any injury to the participant.

I certify that the above information is correct and that I have not violated any of the eligibility rules of the CYM of the Diocese of Wilmington.

I agree that if my child fails to return the complete uniform in good condition I will forfeit my deposit

I agree that I am responsible for signing up to chaperone a St Mary's Dance to fulfill my volunteer responsibility

<b>Signature of Parent</b>	<b>Date</b>
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<b>Signature of Player</b>	<b>Date</b>
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<b>Mail to:</b>	<b>VARSITY:</b>	<b>JV:</b>
	Mike Pietlock	Herman Aldas
	746 Letitia Drive	606 Chanin Ct.
	Hockessin, DE 19707	Hockessin, DE 19707