

ST. DOMINIC BOOSTER CLUB

CYO Spring Soccer Registration

\$50

Soccer Jersey \$25 (ONLY ORDER IF NEEDED)

Youth Size: Small _____ Medium _____ Large _____ X-Large _____
Adult Size: Small _____ Medium _____ Large _____ X-Large _____

Separate Check & Form for each child

Player Information:

Child's Name: _____ Grade: _____ Boy ___ Girl ___ Birth date: _____
If you are not a student at St Dominic School, do you attend CCD at St. Dominic Parish?
Yes ___ No ___
If you do not attend CCD at St. Dominic Parish, then what
Parish? _____

Parent/Guardian Information:

Parent/Guardian Name: _____
Home Address: _____
Home Phone # _____ Cell # _____ Work # _____
e-mail address: _____

Parental Consent

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Saint Dominic Parish, the Archdiocese of Mobile, its officers, directors, agents, employees, or representatives associated with the above mentioned activity from any and all liability claims, loss or damage arising from or in connection with my child's/children's participation in this activity. I understand that I shall be liable and agree to pay all cost and expenses incurred in connection with such emergency medical and dental service rendered to the aforementioned child pursuant to this authorization. I also authorize an adult in whose care the minor has been entrusted to consent to any emergency treatment to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Should it be necessary for my child to return home due to medical reasons or otherwise, I, the undersigned, shall assume all transportation costs. I also give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Saint Dominic Church.

Signature: _____ **Date:** _____
(Signature of Parent/Guardian)

Cash: ___ Check # _____ (*Separate Check & Form for each child. Make check payable to St Dominic Booster Club.*)

Please return form to St. Dominic School Office

ALL FEES ARE DUE AT SIGN-UP!