

IMMACULATE CONCEPTION CYO TRACK & FIELD REGISTRATION

LAST NAME _____

ADDRESS _____ Phone # _____

Street _____

City _____ Zip Code _____ Phone # _____

E-Mail Address _____

CHILD'S NAME	BIRTH DATE	PARISH	GRADE	SHIRT SIZE ***
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>SPORT</u>	<u>FEE</u>	Number	Amount
TRACK & FIELD			
Novice, Minor, Cadet	\$25	_____	_____
Sub-Novice	No Fee	_____	_____
Track shirt	\$15 each	_____	_____
TOTAL		_____	_____

*** Available T-Shirt Sizes
 Youth Sizes - SM - MD - LG
 Adult Sizes - SM MD LG XL
 Please make your check payable to Immaculate Conception CYO.

PERMISSION FORM

I give permission for _____ to
 participate in _____ and _____ sponsored
 by the IMMACULATE CONCEPTION CYO

My child is taking the following medication(s): _____

Medical concerns: _____

In case of emergency, call

- 1) _____
- 2) _____

I__give {permission for emergency medical
 {treatment of my child if needed before
 I__do not give {I can be contacted.

_____ (parent/guardian signature and phone number)