

# St. Columba Youth Council

## Sports Registration

2245 Kimball Street  
Brooklyn, New York 11234  
Phone: 718 951 7665

<http://www.saintcolumbabrooklyn.org>

DATE:	<input type="text"/>		
Last Name:	<input type="text"/>	First name:	<input type="text"/>
Address:	<input type="text"/>	Zip Code:	<input type="text"/>
Home phone and Cell Phone:	<input type="text"/>	Date of Birth:	<input type="text"/>
School:	<input type="text"/>	Grade:	<input type="text"/>
Fathers Name:	<input type="text"/>	Mothers Name:	<input type="text"/>
Sports program:	<input type="text"/>	E Mail Address:	<input type="text"/>

## PARENTS WAIVER & CONSENT

I, the undersigned Parent do hereby authorize and permit my above named child to participate in the St. Columba Youth Council Sports Program. I further release them from any liability or claim arising from participation of my child in this Program. I understand the purpose of this program is to teach sportsmanship and physical development through organized sports programs, I additionally understand that the St. Columba Youth Council will exercise complete control in operating the Program including but not limited to placing my child on a particular team, the position my child plays as well as the length of playing time given to my child. I also realize and understand that all equipment issued to my child is the property of the St. Columba Youth Council and as such I assume responsibility for it and I will see that at the completion of the particular sports program season it will be returned.

**I ALSO DO HEREBY VOLUNTEER A MINIMUM OF EIGHT (8) HOURS TO THE YOUTH COUNCIL**

MANAGER/COACH (FILL IN SPORT)	<input type="text"/>	UMPIRE/REFEREE (FILL IN SPORT)	<input type="text"/>
TEAM MOTHER/FATHER (FILL IN SPORT)	<input type="text"/>	OTHER (SPECIFY)	<input type="text"/>

Registration	<input type="text"/>	Check number	<input type="text"/>
Uniform	<input type="text"/>		

Parent's Signature

Received by