

Team _____



Amount _____
CA CK CC
Date _____
Received by _____

2024 CFPO SPRING 6- MAN REGISTRATION

Tackle Football *REGISTER BEFORE MARCH 1ST AND SAVE \$20.00*

EARLY FOOTBALL REGISTRATION FEE IS \$105, EACH ADDITIONAL CHILD PER FAMILY \$85.
IF PAID AFTER MARCH 1, 2024, THE FEE IS \$125. EACH ADDITIONAL CHILD PER FAMILY IS \$105.

☐ 8U Pee-Wee ☐ 10U Junior ☐ 12U Senior ☐ 13U 7th Grade Age cutoff as of 9/1/23

Flag Football (6U Mighty Mite) ☐ \$70.00 per Child (No additional Discounts)

****No 7TH Graders in Senior Division****

**** 8th Graders may not participate****

PLAYERS NAME: _____ BEST PHONE #: _____

AGE: _____ BIRTH DATE: ____/____/____ GRADE _____ SCHOOL: _____

HAVE YOU BEEN RECRUITED FOR A SPECIFIC TEAM? YES ☐ NO ☐ IF YES TEAM NAME: _____

PARENT/GUARDIAN NAME: _____ PHONE #: _____

ADDRESS: _____ CITY _____ ZIP _____

BEST EMAIL ADDRESS: _____

EMERGENCY CONTACT #1: NAME _____ PHONE: _____

PLEASE READ CAREFULLY- INITIAL AND SIGN BELOW

__ I UNDERSTAND THAT THE ABOVE-NAMED CHILD IS MY SON/DAUGHTER, OR I AM THEIR LEGAL GUARDIAN. I DO HEREBY GRANT MY PERMISSION FOR MY CHILD'S PARTICIPATION FOR CHEERLEADING, FLAG OR FULL CONTACT FOOTBALL SPONSORED BY CFPO YOUTH SPORTS LEAGUE. I UNDERSTAND THAT TACKLE FOOTBALL IS A CONTACT SPORT AND INJURIES MAY OCCUR. I AGREE TO HOLD CFPO YOUTH SPORTS OR ANY OF THEIR COACHES OR AGENTS HARMLESS FOR ANY ACCIDENT THAT THE ABOVE-NAMED CHILD COULD BE INVOLVED IN.

__ I HAVE INFORMED THE CFPO YOUTH SPORTS LEAGUE OF ANY EXISTING MEDICAL OR PHYSICAL CONDITIONS THAT ARE CONTROLLED OR CORRECTED WITH MEDICATION OR WHICH MIGHT LIMIT MY CHILD'S PARTICIPATION.

__ I HAVE NOTED PERSONS TO NOTIFY IN CASE OF EMERGENCY. MY PERMISSION IS HEREBY GIVEN FOR MY CHILD TO PARTICIPATE IN THIS PROGRAM SPONSORED BY CFPO YOUTH SPORTS LEAGUE AND CONSENT FOR ANY EMERGENCY MEDICAL TREATMENT WHICH MIGHT BECOME NECESSARY.

__ I UNDERSTAND THAT ALL THE EQUIPMENT ISSUED TO MY CHILD IS THE PROPERTY OF THE CFPO YOUTH SPORTS AND I AGREE TO RETURN ALL EQUIPMENT TO THE CFPO YOUTH SPORTS LEAGUE AT THE END OF THE CURRENT SEASON.

__ I UNDERSTAND THAT MY CHILD WILL NOT BE ALLOWED TO PARTICIPATE UNTIL REGISTRATION IS PAID IN FULL. (DUE TO INSURANCE LIABILITY). IF THE CHILD QUILTS WITHIN THE FIRST TWO (2) WEEKS 50% OF THE REGISTRATION FEE MAY BE REFUNDED, NO REFUNDS WILL BE ISSUED AFTER THE FIRST GAME OF THE SEASON.

Parent/Guardian's Signature _____ Date _____

Contact: FRANK CALABRESE :830-708-1836 / ADRIAN ALMENDAREZ : 210-473-1963

Register Online : www.cfpo-paloyouthsports.com

Mail to: CFPO - P.O. Box 1331 - San Marcos, Texas 78666

