Team

Amount

CA CK CC

Date Received by

2025 CFPO FALL REGISTRATION

**Tackle Football** \***REGISTER BEFORE JULY 1ST AND SAVE $25.00\***

FOOTBALL REGISTRATION FEE IS $125, EACH ADDITIONAL CHILD PER FAMILY $100.

IF PAID AFTER JULY 1, 2025, THE FEE IS $150. EACH ADDITIONAL CHILD PER FAMILY IS $125.

* 8U Pee-Wee ☐ 10U Junior ☐ 12U Senior Age cutoff as of 9/1/25 No 7TH Graders

**Flag Football (6U Mighty Mite)** ☐$75.00 per Child (No additional Discounts)

PLAYERS NAME: BEST PHONE #:

AGE: BIRTH DATE: / / GRADE SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETURNING CFPO PLAYER? YES ☐NO ☐ IF YES TEAM NAME:

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:

BEST EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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, BASKETBALL, VOLLEYBALL, 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 QUITS 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-palyouthsports.com**](http://www.cfpo-palyouthsports.com/)