



# YOUTH SPORTS REGISTRATION FORM

[www.friarsclubinc.org](http://www.friarsclubinc.org)

\_\_\_\_\_(\$80) Winter Basketball for Individual Player                      \_\_\_\_\_(\$200) AAU Basketball  
 \_\_\_\_\_(\$70) Spring K/1<sup>st</sup> Grade Spring Basketball                      \_\_\_\_\_(\$70) Baseball  
 \_\_\_\_\_(\$70) Summer Basketball for Individual Player

€ Fees do not include uniform purchase. Youth size uniform \$50/ Adult size uniform \$55

Participant's Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Community you live in \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of work \_\_\_\_\_ Job Title \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of work \_\_\_\_\_ Job Title \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Phone \_\_\_\_\_

Uniform Needed: (circle one) Yes/No    Uniform Size: (circle one) YM YL YXL AS AM AL AXL AXXL    (circle one) Boy/Girl

I accept all the rules of the Friars Club Inc. and release them from liability and responsibility from my child while participating in their program. I give permission, for Friars, to use my child's likeness for public relation purposes, to have my child attend any field trips and to get proper medical treatment in an emergency situation. I understand that sports require my child to be of good health and hereby deem that my child is physically fit enough to participate. I am aware that Friars recommends that my child have a doctor's physical before participating.

List any medical conditions for Friars to be aware of \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### DEMOGRAPHIC INFORMATION TO BE COMPLETED BY ALL PARTICIPANTS

This information is for demographic reporting for funding sources. This information does not affect your child's acceptance or position in any of our programs.

#### Ethnic Background:

\_\_\_\_\_ White    \_\_\_\_\_ Black    \_\_\_\_\_ Hispanic    \_\_\_\_\_ Asian    \_\_\_\_\_ Appalachian    \_\_\_\_\_ Bi-Racial    \_\_\_\_\_ Other (\_\_\_\_\_)

Yearly Income:    \_\_\_\_\_ Below 10,000    \_\_\_\_\_ 10,000 - 14,999    \_\_\_\_\_ 15,000 - 19,999  
    \_\_\_\_\_ 20,000 - 29,999    \_\_\_\_\_ 30,000 and above    \_\_\_\_\_ 50,000 and above

Household:    \_\_\_\_\_ 2 Parent    \_\_\_\_\_ 1 Parent    Total # of children in the household \_\_\_\_\_

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#### Payment

Players Name \_\_\_\_\_ Payment Form: Check # \_\_\_\_\_ Money Order # \_\_\_\_\_

#### CREDIT CARD PAYMENT (FILL OUT INFORMATION BELOW)

NAME ON CARD \_\_\_\_\_ SECURITY CODE# \_\_\_\_\_ AMOUNT OF PAYMENT \$ \_\_\_\_\_

CARD MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

MASTERCARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

VISA # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AMERICAN EXPRESS # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I hereby authorize Friars Club (Franciscan Friars Works) to debit my credit card in the amount listed above for youth basketball.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If payment is not made, please list why? \_\_\_\_\_

When can Friars expect payment to be made? \_\_\_\_\_

FINANCIAL AID APPLICANTS ONLY: Child's Name \_\_\_\_\_ Guardian's Name \_\_\_\_\_

Do you need financial aid? \_\_\_\_\_ Why? \_\_\_\_\_

Monthly Income? \_\_\_\_\_ Monthly Expenses? \_\_\_\_\_ EMPLOYED? \_\_\_\_\_ UNEMPLOYED? \_\_\_\_\_

What public assistance do you receive? \_\_\_\_\_

\*\*CANNOT BE APPROVED WITHOUT: A COPY OF PUBLIC ASSISTANCE --A CURRENT PAY CHECK STUB or UNEMPLOYMENT VERIFICATION --LAST YEAR'S TAX RETURN\*\*