

PHOTOS

Please attach two recent photos.



2007 REGISTRATION FORM

2007 Registration Fee:

Same as Last Year! \$50 per player or \$100 per family. Please make check payable to Chicago Celtic Youth GFC.

All families are required to sell or buy five, \$100 Grand Raffle Tickets. Raffle will be held at the CYC on July 29.

Player's Signature: _____

DIRECTIONS: 1) Please PRINT HARDCOPY form. 2) Complete in full. 3) Please staple or paperclip two recent photos of player in the box above. 4) Include a copy of player's birth certificate. 5) Include a copy of medical insurance card. 6) Parent/guardian SIGN at places indicated. 7) Players should sign below picture (above) in front of Registrar.

PLAYER'S FIRST NAME: _____ LAST NAME: _____ INIT. _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE _____
TELEPHONE: (_____) _____ E-MAIL ADDRESS _____
BIRTHDATE MM/DD/YY: ____/____/____ MALE/FEMALE (M/F): ____ COUNTRY OF BIRTH: _____

We may compile a Club Directory if there is enough interest. The directory will be distributed to families listed.

Would you like your contact information included in the directory? Yes [] No []

FATHER'S NAME: _____ OCCUPATION _____

MOTHER'S NAME: _____ OCCUPATION _____

CELL PHONE/WORK PHONE: _____

LIST ANY MEDICAL CONDITION OR PROHIBITION REGISTRANT HAS: _____

PERSON TO NOTIFY OTHER THAN PARENT IN EMERGENCY: _____ TELEPHONE: _____

DOCTOR TO NOTIFY IN EMERGENCY: _____ TELEPHONE: _____

CURRENT SCHOOL: _____ GRADE: _____ NUMBER OF PRIOR SEASONS PLAYED: _____

WE NEED PARENT VOLUNTEERS! PLEASE INDICATE YOUR 1ST AND 2ND CHOICES FOR THE ACTIVITIES BELOW:

Coach ___ Asst. Coach ___ Team Manager ___ Practice Coordinator ___ Game Coordinator ___ Field Prep ___ Fundraising ___ Other _____

IMPORTANT I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the GAA, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with Gaelic Football and in consideration for the GAA accepting the registrant for its Gaelic Football programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the GAA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

Name of Parent/Legal Guardian (Please Print) _____

Signature X _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR) - As the parent or legal guardian of the above-named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent or Guardian X _____ Date _____

Address _____ City _____ State _____ Zip _____