

PHOTOS

Please attach two recent photos.



2009 Registration Form

2009 Registration Fee:

\$75 per player or \$150 per family.

Please make check payable to Chicago Celtic Youth GFC. The final registration will be held on Saturday, April 18 at Norwood Park, 5801 North Natoma, Chicago from 1p-3p.

DIRECTIONS: 1) Please PRINT. 2) Complete in full. 3) Please staple or paperclip two recent wallet-sized photos of player in the box above. 4) Please include a copy of player's birth certificate (for new players only). 5) Include a copy of medical insurance card (new players only or if your insurance has changed since last year.) 6) Parent/guardian, please SIGN at places indicated below.

Player's First Name: _____ Last Name: _____ Middle Initial: _____

Birthdate: _____ Month Day Year [] Male [] Female Country of Birth: _____ Please check one.

Street Address: _____ City: _____ Zip Code: _____

Home Telephone: () _____ E-Mail Address: _____

Jersey Size (Please check appropriate size.) [] Youth S [] Youth M [] Youth L [] Adult S [] Adult M [] Adult L [] Adult XL

Mother's Name: _____ Cell Phone #: () _____ E-Mail Address: _____

Father's Name: _____ Cell Phone #: () _____ E-Mail Address: _____

Current School: _____ Grade: _____ Number of prior seasons played: _____

List any medical condition or prohibition child has: _____

Name of person to notify other than parent in an emergency: _____ Relationship: _____

Emergency Contact's Cell #: () _____ Emergency Contact's Home #: () _____

We need parent volunteers! Please indicate below how you can help!

- [] Coach [] Assistant Coach [] Team Manager [] Practice Coordinator [] Game Day Coordinator [] Field Preparation [] Fundraising

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.) _____ Date: _____

Parent's Signature X _____

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/Legal Guardian: _____ Date: _____