

Player Information Sheet for Coaches St. Paul's CYO

Player Name: _____

Parent Name: _____

Parent Name: _____

Primary Phone #: _____

Alternate Phone #: _____

Email Address: _____

Please list any medical concerns that coaches may need to be aware of: _____

Parent Commitment

I, _____, Parent of _____, understand that I will be responsible for concession duty during the season. I understand that if I'm unable to meet my commitment for concession duty, that I will be responsible for paying \$35.00 to the SPAA. I also understand that there will be either fundraising activities and/or other financial requirements for uniforms, trophies, and an end-of-season player party. I also understand the player participation rules and how that may affect the amount of playing time each child get throughout the season.

Parent Signature

Date