



St. Patrick's Youth
280 East Main Street
Smithtown, NY 11787

631 360-0257 fax 360-0381
Email spyouth@optonline.net
Website stpatsyouth.com

FOR OFFICE USE ONLY	
FEE PAID	_____
DATE	_____
CASH	CHECK # _____

PARENTS AGREEMENT WITH ST. PATRICK'S YOUTH SPORTS PROGRAM

1. Fee to be paid at time of registration and must accompany registration form. No refunds.
2. Parent's responsibility to determine physical fitness of child. Please list any unusual physical condition.
3. Insurance coverage for all St. Patrick's Youth Sports Program participants in excess of own family coverage.
4. Anyone not adhering to above mentioned terms will be asked to leave program.
5. Encourage all sportsman-like behavior.
6. Young athletes remember what we teach them. Fair play & sportsmanship begins at home.
7. St. Patrick's Youth is not responsible for siblings, they must remain with parents at all times.
8. Parking regulations must be adhered to.

Parent's Signature _____

VOLUNTEERS NEEDED

NAME _____ CELL PHONE _____

- | | |
|---|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Awards Night/Picnic |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Division Coordinator | <input type="checkbox"/> Website |
| <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Team Parent |
| <input type="checkbox"/> Hall Supervisor | |

Special Uniform Size
Request (if necessary)

Prior Volunteer Experience _____

Our Sports Program will assist any volunteer without previous experience.

REGISTRATION FORM

Please Check BASEBALL BASKETBALL DECK HOCKEY SOFTBALL CYO OTHER
 Male Female Winter Summer Spring Fall 20__

Name _____

Address _____ Town _____ Zip _____

Phone _____ Grade _____ Date of Birth _____ Age _____ Grade in Sep _____

Experience _____ E-mail _____

Comments _____ School Attended _____

Print Full Name of Parent or Guardian

Signature of Parent or Guardian

EMERGENCY CONTACT PERSON _____ PHONE NO. _____

The following is for use by the Pastor of St. Patrick R.C. Church:

ARE YOU A REGISTERED MEMBER OF ST. PATRICK PARISH YES NO

Medical Issues (if any) _____