

Bridesburg Cougars Registration Form
Bridesburg Cougars P.O. Box 20225 Philadelphia, Pa 19137
www.bridesburgcougars.org

***** NO REGISTRATION WILL BE ACCEPTED WITHOUT REGISTRATION FEE *****
***** NO REFUNDS ONCE TEAMS ARE COMMITTED TO LEAGUES*****
*****FUNDRAISING FEE IS NOT REFUNDABLE*****

Jersey size _____

Short size _____

Number _____



Fundraising Fee \$20

Amount due _____

Cash/ Check# _____

Baseball Softball Outdoor Soccer Basketball Indoor Soccer
In-house Soccer In-house Basketball Rookie Ball T-Ball Cheerleading

Please Print Neatly

Child's Full Name: _____ Sex: F M Date of Birth: __/__/__ Age: _____

Mother's Full Name: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Cell Phone Number _____ Email Address: _____ @ _____

Father's Full Name: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Cell Phone Number _____ Email Address: _____ @ _____

All Parents are Encouraged to play a active role in the Bridesburg Cougars

PLEASE SELECT ONE OF THE FOLLOWING:

Coach Field Maintenance Trash Clean Up Cutting Grass Snack Shack

By initialing here, I irrevocably give permission to the Bridesburg Cougars to post my child/children's name and or photograph on the Bridesburg Cougars website, bulletin board and any advertisements relating to the Bridesburg Cougars/ Father's Club organization

Initial: _____

I, being the parent or guardian, of the above child/children approve of the participation in the sports listed above. I release the Bridesburg Cougars/Father's Club, their successors, Board Members, agents or coaches of the Bridesburg Cougars/Father's Club from all liabilities for personal injury or property damages resulting from child/children's participation (including transportation to and from) any of the Bridesburg Cougars/Father's Club activities in which they may take part. I also agree to maintain and promptly return any borrowed uniforms and any equipment to the Bridesburg Cougars/Father's Club at the date and time established by the coach/and or director.

Please list any allergies or medical conditions: _____

Parent/ Guardian Signature: _____ Date __/__/__