

# Registration Form

*Camp: January 13*  
*League: January 20 thru March 3*

Participant's Name _____		
Grade _____	Gender M F	
Level of Experience (Circle One Below)		
1. Experienced	2. Average	3. 1st Time League
Guardian's Name _____		
Guardian's Signature _____		
Address _____		
City _____	Zip Code _____	
Home Phone _____	Cell Phone _____	
Email Address _____		
Allergies _____	Interested in Coaching? Y N	
Interested Coach's Name & Number _____		

## Check one

- \_\_\_ \$55 Camp & League (register by Dec. 1)  
T Shirt Provided
- \_\_\_ \$65 Camp & League (register by Jan 8)  
T Shirt Provided

Please make checks payable to: St. John Church  
Checks & completed registration forms can be  
dropped off at the Family Center Welcome Desk  
or mailed to: 505 N. Dayton St., Davison, MI 48423  
**All fees must be paid at time of registration.**

**T Shirt Size** YS YM YL AS

For more information, please visit our website  
[www.stjohndavison.org](http://www.stjohndavison.org)

## Photograph Permission

During parish activities, photographs may be taken of you and/or your child(ren). **Publication may include first names in the bulletin, on the St. John website &/or Facebook pages.** If permission is granted, it will remain in effect until revoked in writing to the St. John office.

YES  NO

Parent Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

*Office Use Only*  
Payment Received \$ \_\_\_\_\_ Date payment received \_\_\_\_\_