

2025 Registration

Camp: January 11th
League: January 18 thru March 1

<i>Office Use Only</i> Payment Received \$ _____ Date payment received _____
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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 _____

Is the child a parishioner of The Catholic Community of St. John & Blessed Sacrament? Y N

T Shirt Size YS YM YL AS AM

Check one

___ \$65 Camp & League (reg by Nov 30)

T Shirt Provided

___ \$75 Camp & League (reg by Dec 21)

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.

For more information, please visit our website
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: _____