

# DESTREHAN BOOSTER CLUB

## Registration Form

SPORT: \_\_\_\_\_ AMERICAN (Highly Skilled) \_\_\_\_\_ NATIONAL (REC) \_\_\_\_\_

AGE GROUP: 5-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-10 \_\_\_\_\_ 11-12 \_\_\_\_\_ 13-14 \_\_\_\_\_ 15+ \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

CAN YOU VOLUNTEER TIME TO HELP? YES OR NO \_\_\_\_\_ Playing another sport? Yes or No \_\_\_\_\_

UNIFORM SHIRT SIZE \_\_\_\_\_ PANTS SIZE \_\_\_\_\_

**Shirt Sizes** - Youth Small (6/8), Youth Medium (10/12), Youth Large (14/16), Adult Small, Adult Medium, Adult Large, Adult X-Large  
**Pant Sizes** - YS (22-24), YM (26-28), YL (30-32), AS (26-28), AM (30-32), AL (34-36)

Any siblings playing? Yes or No \_\_\_\_\_ Name & Age if yes: \_\_\_\_\_

Lives with (Father / Mother / Both / Other): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

As parent/guardian of the above named child, I do hereby understand that my child WILL NOT be moved to a different team after teams have been drafted and that there will be NO REFUNDS GIVEN. UNDER NO CIRCUMSTANCES WILL WAIVERS BE ADMINISTERED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REGISTRATION FEES: \$45 - BASEBALL / SOFTBALL \$40 - BASKETBALL**  
**\$55 - FOOTBALL CHEERLEADING IS \$15 PLUS UNIFORM**

**CUT-OFF DATES: Baseball - May 1st Softball - January 1st Age on this date is what you play.**  
Basketball - September 1st - Height Max 9/10 boys and girls, 5' 6", 11/12 boys and girls 5' 9-1/2"  
Football - Weight Max (6/7/8, 120 lbs), (9/10, 140 lbs), (11/12, 160 lbs)

**BOTH THE BOOSTER CLUB & PARISH FORMS MUST BE FILLED OUT TO BE COMPLETE!!!**

SEND FORMS TO THE DESTREHAN BOOSTER CLUB, P.O. BOX 933, DESTREHAN, LA 70047.

\*\*\* BIRTH CERTIFICATE - - - - ON FILE WITH REC:  WILL MAIL:  ATTACHED:

INFORMATION CHECKED BY: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_

MONEY ORDER # \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_

Birth Certificate

List \_\_\_\_\_

Attached \_\_\_\_\_

Mailed \_\_\_\_\_

**ST. CHARLES PARISH  
PARKS AND RECREATION DEPARTMENT  
REGISTRATION FORM**

**BOOSTER CLUB** \_\_\_\_\_ **SPORT** \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_\_

**Baseball (Boys including T-Ball Girls) - Age as of April 30<sup>th</sup>**

**Softball (Girls) - Age as of January 1<sup>st</sup>**

**Football (Boys including Cheerleaders) - Age as of August 1<sup>st</sup>**

**Basketball (Boys & Girls) - Age as of September 1<sup>st</sup>**

**Challenger Baseball (Disability) & Track Team**

Girl \_\_\_\_\_ Boy \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Recreation/National League

American League  
(Highly Skilled League)

<b>AGE GROUP</b>	_____ <b>5-6 Yr Olds</b>	_____ <b>13-14 Yr Olds</b>	_____ <b>9-10 Yr Olds Boys</b>
	_____ <b>7-8 Yr Olds</b>	_____ <b>15-16 Yr Olds</b>	_____ <b>11-12 Yr Olds Boys</b>
	_____ <b>9-10 Yr Olds</b>	_____ <b>17-18 Yr Olds</b>	_____ <b>13-14 Yr Olds Boys</b>
	_____ <b>11-12 Yr Olds</b>		

Name as it appears on Birth Certificate below:

<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	
<b>HOME ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>HOME PHONE</b>	<b>WORK PHONE</b>	<b>CELL PHONE</b>	<b>EMERGENCY NO#</b>

To Whom It May Concern:

I/We grant permission for my/our son/daughter to participate in the sports program of your Booster Club and the St. Charles Parish Parks and Recreation Department.

He/She is in good health and has no physical defects that strenuous physical exercise would affect. (Note: A notice from a physician should accompany this form if there is any limitation).

**I/We agree to release the Booster Club and the St. Charles Parish Council, St. Charles Parish Parks and Recreation Department, the Director, Coaches, and Sponsors for any injuries, disabilities, death, loss or damage to person or property including accidents which he/she may incur while participating in practice sessions, games, or while traveling to and from any games and activities, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.**

I/We do further agree to return all uniforms and equipment issued to my/our son/daughter upon request of his/her sponsor or coach. I/We understand that no one in our family will be able to participate in any St. Charles parish Parks and Recreation Department Sports Program until the equipment is returned or paid for in full.

I/We also certify that the information concerning my/our son/daughter birth date is correct. I/We understand that any false information may result in my/our son/daughter being suspended from participating in the St. Charles Parish Parks and Recreation Program for a period of not less than two years.

NOTE: Each child is required to have a copy of his/her birth certificate on file with the Recreation Department.

At least one parent or guardian signature is required.

Parent/Guardian: \_\_\_\_\_  
Signature