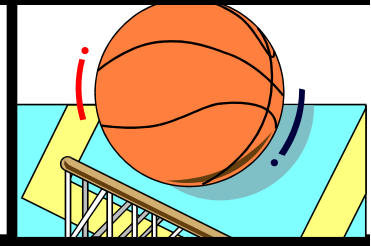


Summer Prep League Jr. 2019 at CNS High School



Focused on preparing
players for their
Fall school teams

Co-ed --Boys & Girls

Friday nights in June, July and August



- For players entering grades 4,5 or 6 in the Fall. (currently in 3rd, 4th or 5th)
 - Not limited to Catholic school or CYO players
 - 8 week program - 1 practice weeks, 7 games / shirts provided / Referees provided
- Early Bird Special : \$ 60 per player- boys & girls - **if received** prior to 5/31/2019
 - Received after 5/31/2019; \$ 75 per player
 - No refunds after first practice
- Make checks (\$60 or \$75) payable and send to:

Gary Dembkowski
6074 Marigold Lane
Cicero, NY 13039

* Do not mail to St Rose School, mail directly to address above

- Questions? Call Gary Dembkowski at 458-6030 or email me at coachgaryd@gmail.com
- Registration is on a first-come first-serve basis / Limited registration / Will close when full

NAME _____ AGE _____ Height _____ M _____ F _____

ADDRESS _____ PHONE _____

Email address for notification: _____

Current Grade: _____ Anticipated Fall 2019 Grade: _____

School anticipated attending in Fall 2019 _____

Player Shirt Size: (keep in mind it is for June, July & August -- they are cotton shirts -- it is recommended that you err on the side of larger -- there is an additional charge of \$10 for each replacement shirt)

___ Youth L ___ Adult Small ___ Adult Med ___ Adult L ___ Adult XL

Experience: Played on school team? Y/N Where? _____ Never played before ___

Special medical needs/requirements : _____

Parent interested in **coaching**? ___ No ___ Yes ___ Yes, as a 2nd assistant ___ Yes, as a 3rd assistant

Parent/Coach Name _____ Phone _____

My child has permission to participate in the Summer Prep League at CNS High School. I am fully aware that Summer Prep does not carry medical insurance on participants. I accept and acknowledge this condition. I also certify that my child is playing at his/her own risk, thus releasing Summer Prep from any injury that may occur. I also certify that our personal insurance covers the medical costs that may occur as a result of this type of activity.

Parent Signature _____ Date _____