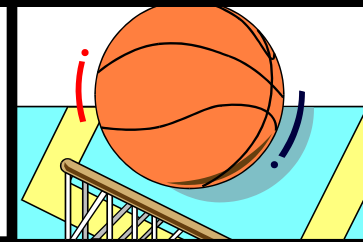


# Summer Prep League Sr.2019 at CNS High School



Focused on preparing  
players for their  
Fall school teams

Co-ed --Boys & Girls

Friday nights in June, July and August



- For players entering grades 7,8 or 9 in the Fall. (currently in 6th, 7th or 8th)
- 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 2<sup>nd</sup> assistant \_\_\_ Yes, as a 3<sup>rd</sup> 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 \_\_\_\_\_