



When: Monday, January 23, 2017 --- Parent Meeting & Registration
Time: 6:00-6:30 Parent Meeting & 6:30-9:00 Registration (all grades)
Where: Chippewa Falls Middle School Cafeteria (Pool/Phy ed doors)
What to bring: Registration Form, Med Release Form, Concussion Form & Full Payment (Checks made payable to Cardinal Crush)
 4th & 5th Grade \$40 per player
 6th Grade \$130 per player
 7th & 8th Grade \$150 per player

*****REGISTRATION FEES ARE NON REFUNDABLE*****

(Fee includes jersey, all WIVL tournament fees, equipment & coaching/ref payments)

Player Name _____ Grade _____ Date _____

Address _____ City _____ Zip Code _____

Jersey Size (circle one) Youth: SM MED LG XL Adult: SM MED LG XL XXL

CONTACT INFO

Parent/Guardian Name(s) _____ and _____

Telephone #s () _____ - _____ () _____ - _____ () _____ - _____

Email address (s) _____

I AM WILLING TO VOLUNTEER AS A: ___ Coach ___ Team Parent ___ Board Member

PLAYER/PARENT EXPECTATIONS & CRUSH POLICIES FORM: I HAVE READ THROUGH AND WILL ABIDE BY THE PLAYERS EXPECTATIONS AND CRUSH POLICIES FORM. I understand that we are required to work at least one tournament determined by the tournament coordinator. **If these expectations are not met then you will be billed \$100 for your incomplete work assignment.**

Parent Signature: _____ Player Signature: _____

PICTURE/MEDIA RELEASE CONSENT:

_____ It is OK to post pictures on the Cardinal Crush website and/or Facebook page

_____ It is NOT OK to post pictures on the Cardinal Crush website and/or Facebook page

Check # _____ Cash _____ Amount Paid _____