



Second Annual St. Joseph's

CATHOLIC FAITH CHALLENGE

St. Joseph's Catholic Faith Challenge
 901 W. 4th Ave.
 Kennewick, WA 99336

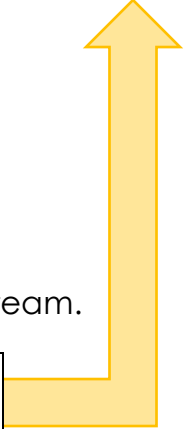
Team Entry Form

Please enter your team in one of the following divisions.

- Division 1: Grades 5-6
- Division 2: Grades 7-8

Alternates are encouraged but must be registered and can play on only one team.

**Entry forms and fees must be postmarked by
 Deadline: February 5, 2018! No exceptions!**



Early-Bird Registration (registration and fee postmarked by **January 15, 2018**): \$80.00 per team

Registration postmarked January 16–February 5, 2018: \$100.00 per team

Dress Code: Dress must be modest and appropriate for the Christian occasion. Boys should wear shirts with collars – an exception is made for team t-shirts. No hats.

To Register: Complete one form (below) for each team.

1. Fill out one Youth Conduct Agreement and Parental Authorization and Release Form for each contestant.
2. Mail to the address above, with a check for the appropriate amount, **payable to: St. Joseph's Catholic School** (put CFC in memo line). No team will be registered without payment, entry form, and Consent/Release forms completed **in full**.
3. Upon receipt of **completed** forms and payment, a confirmation letter will be sent to the Coach's e-mail address (if provided) or by mail. Incomplete forms will not be registered.

Team Name: _____

Division (circle one): 1 2
 (Grade 5-6) (Grades 7-8)

School / Parish (if any): _____

Coach Information	Student Information
Name: _____	Name: _____ Grade: _____
Address: _____	1. _____ (Captain) _____
Preferred Phone: _____	2. _____
Coach e-mail: _____	3. _____
Cell phone (in case needed during competition): _____	4. _____
	5. _____

Questions? Call Angele St. Hilaire (509-572-9186)
or e-mail: angeletheresa@yahoo.com



Team name: _____

Division: 1 2
(circle one) (Grades 5-6) (Grades 7-8)

Youth Conduct Agreement

In consideration of being allowed to participate in this event, I hereby expressly assume all risks associated with participating in CF Challenge and related activities. I am responsible for my own health and safety. I attest that I am physically fit and able to participate in the CF Challenge; and I agree to stop and ask for help if there any conditions arise which would make it difficult or unsafe to continue. I understand that I have a responsibility to abide by CF Challenge rules and instructions provided to ensure the safety, security, well-being, and respect of myself and others. I understand that the CF Challenge, its volunteers, and representatives will not be held liable if I fail to abide by these rules or instructions.

I have read, understand and agree to the terms of this Agreement.

Participant's signature

Printed Name

Date

Parental Authorization and Release

Lack of parental consent to the terms of this authorization will render the student ineligible to participate.

I, the undersigned, am the parent or legal guardian of the Participant listed in the Youth Conduct Agreement above, and I hereby grant my consent and permission for this Participant, a minor, 1) to participate in any and all activities offered by the CF Challenge and 2) to travel to and from the competition by private transportation in the company of parents or coaches, who cannot be held responsible for any accident or injury that may occur. I release St. Joseph's Catholic School, its Board members, volunteers and its representatives, of all liability and claims of whatever kind and nature (including, but not limited to, injuries and death) arising out of or resulting from his or her participation in these activities.

I, as the parent or legal guardian of the Participant listed above, hereby consent to the use of my child's photograph and name as it appears in this registration, to be used in CF Challenge promotion material, including but not limited to brochures and news articles about the competition.

I hereby authorize (name of chaperone) _____ to secure any services he or she deems necessary for my child in the event of an accident or illness. I give permission for my child to be evaluated, diagnosed, treated, and medicated by licensed medical or nursing personnel in accordance with standard practice. I understand that CF Challenge does not provide accident or health insurance coverage for my child; and I accept sole responsibility for the payment for those services.

I have read the foregoing Youth Conduct Agreement and this Parental Authorization and Release, and I hereby agree to its terms on behalf of myself and the Participant.

Parent's/Guardian's signature

Parent's/Guardian's Printed Name

Date

Street Address, City, State or Province, Zip or Postal code

Phone number

All pages of this form must be completed
CF Challenge 2018

Team name: _____ Division: 1 2
(circle one) (Grades 5-6) (Grades 7-8)

Emergency Information

Participant Name: _____

Health Insurance Carrier: _____ Group: _____

Policy #: _____ Policy Holder: _____

Allergies: _____

Medications: _____

Medical Conditions: _____

Special Needs: _____

Parent/Guardian E-mail: _____

Please list two alternative contacts in case we cannot reach you in the event of an emergency.

_____	_____	_____
Name of contact	Relationship to Participant	Phone number
_____	_____	_____
Name of contact	Relationship to Participant	Phone number

Coach: copy both pages of this form.
Keep original copy.
Send one copy, along with the Team Entry Form, to



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