**PC COUGARS** **FOOTBALL**

REQUIRED

DOCUMENTS

NEEDED

BC:

EQUP:

PHY:

PHY EXP DATE                                                                PHOTO

     /    /

VA:

PPA:

PR:

CCF:

MCF:

 **2022 Registration Fee Form**

**Player Information            Parents/ Guardian Information**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Name:**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Address:**

**City,St,Zip:                                  City,St,Zip:**

**Circle appropriate age group &Registration Fees**

Age Groups      Registration Fees

 5-7 yrs old $80.00

8-10 yrs old  $180.00

11-12 yrs old $180.00

13 yrs old   $180.00

**Phone:                                       Cell:**

**Cell:                                             E-Mail:**

**DOB:                                            Notes:**

**Weight:            Height:**

**Parent / Guardian Information**

**I, the undersigned parent / guardian, wish to register the child indicated above in the Passaic County Cougars, Inc organization. I give permission for the coaches to administer first aid and to authorize emergency treatment by a doctor if necessary. I am aware of the risk of injury in any sport and hereby release The Passaic County Cougars Inc. and its coach’s referees and other associated personnel from any claims. The child is medically fit to play sports. I also certify that the dated of birth information provided above is true to the best of my knowledge**

**Signature of Parents / Guardian:**                                                                        Date:

​

**Registration Fee Payment Options**

**Pay Online Only**

**​**

**1st Payment:                                                                                                                                                                  Date:                         Amt. Pd                               BAL:                                 P.I.F:**

​**2nd Payment:**

**Date:                         Amt. Pd                               BAL:                                 P.I.F:**

**​**

**Final Payment:**

**Date:                          Amt. Pd                               BAL:                                 P.I.F.**

**Discounts: Multiple Child 2 or more = 5%. (Circle discount & list value $**

**Discounts are based on the total fees due. If utilizing the payment plan, the discount will be reflected on the final payment and there's absolutely no combining of discounts**

**​**

**OFFICIAL USE ONLY:  Reg fee pay online :** **1st                        2nd                 Final**

**Place your initials on appropriate**

**line above upon receiving funds** Date of refund:                          Refund Amount: $

Reason:

 Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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