



PC COUGARS Girls Flag

2025 Registration Fee Form

Player Information

Name: _____

Address: _____

City,St,Zip: _____

Phone: _____

Cell: _____

DOB: _____

Weight: _____ Height: _____

Parents/ Guardian Information

Name: _____

Address: _____

City,St,Zip: _____

Cell: _____

E-Mail: _____

Notes: _____

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: _____

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 _____ Final _____

Place your initials on appropriate

line above upon receiving funds

Signed By: _____

NO REFUND

REQUIRED
DOCUMENTS
NEEDED

BC: _____
EQUIP: _____
PHY: _____

PHY EXP DATE

PHOTO
____ / ____
VA: _____
PPA: _____
PR: _____
CCF: _____

Circle appropriate age group
Grade **Registration Fee**

5 - 8 \$50