Hamilton C.Y.O. "Green Card" Release Form

		DATE:		
PLAYER NAME:(La	ast Name)	(First Name)	No	Wt
ADDRESS: (Street)		(City)	(State)	(Zip)
HOME PHONE:		PARISH: _		
NAME OF SCHOOL:				
				(Grade)
AGE:	DATE OF	BIRTH:		
Further, I realize that I may well as for continued misbe	havior.	gnature of Player)		
ADULTS SHOULD BE				
We the undersigned pa	arent(s) of:			
whose date of birth is _			, give	him/her
permission to play	(Name of S	port)		_ with the
Catholic YOUTH Orgathat may arise because				y and all liability
As a parent/legal guard coaches, officials, and behavior, and manneri	other spectato	ors with dignity and re	spect, in my lan	
	(Mo	other's Signature)		
	(Fa	ther's Signature)		