

CHURCH of the HOLY FAMILY CYO
2013-2014 SEASON
REGISTRATION FORM

FAMILY INFORMATION:

Participant Last Name: _____

Participant First Name: _____

Address: _____

City: _____

Parent Phone: ___ (Home) _____ (Cell) _____

Parent E-Mail: _____

Fathers Name: _____ Mothers Name: _____

Religious Affiliation: _____

If Catholic, Please Specify Parish: _____

School Attending: _____

Is the participant actively participating in religious education program? Yes ___ No ___

SPORTS AVAILABLE: (please check)

Basketball (Boys)

- 3rd and 4th grade
- 5th and 6th grade
- 7th and 8th grade (Grammar)
- 9th and 10th grade (Jr Varsity)
- 11th and 12th grade (Varsity)

Cheerleading

- 2nd through 5 PeeWee
- 6th through 9th Grammar

Volleyball – (Spring)

- 9th through 12th (Co-ed)

Basketball (Girls)

- 7th – 9th grade (Jr Varsity)
- 10th – 12th grade (Varsity)

FEES: (Please make checks payable to Holy Family CYO)

Parishioners: \$55.00 per child

Non-Parishioners: \$75.00 per child

Please make sure this application is filled out completely. At the completion of CYO registration you will be contacted by the appropriate coach for practice times and schedules.

Please complete the
form on other side



PARENTAL PERMISSION AND EMERGENCY AUTHORIZATION FORM
CHURCH of the HOLY FAMILY CYO

Participant Name: _____

Participant Birth Date: _____ Age: _____ Grade: _____

To Whom it May Concern:

As parents, we request that our child _____ be allowed to participate in CHURCH of the HOLY FAMILY CYO sports program for the 2013-2014 season. I understand that all teams will have competent adult supervision and that appropriate measures will be taken to minimize the risk of injury.

I give consent for my child's coach, staff members or adult volunteers, under whose supervision the program is conducted, to secure any necessary emergency medical care and treatment that may be necessary for my child as a result of participation in games, practices or travel to and from any event associated with participation if provided by such coach, volunteer or staff member. I accept the consequences of the decisions made and the emergency care and treatment given to my child in the event I cannot be reached and my child is in need of emergency treatment.

In case of accident, injury or loss, neither I nor any member of my family will hold the place where the event is conducted, the group sponsoring the event, the coach or any person or organization affiliated with the event responsible or liable.

Primary emergency contact name: _____

Phone: _____ Cell Phone: _____

Secondary emergency contact: _____ Phone: _____

Parent's name: _____

Parent's signature: _____ Date: _____