

St John the Baptist CYO Registration Form

Fall Sport: Cross Country 1st – 8th

Winter Sport: () Basketball 4th – 12th

Spring Sport: () H.S. Volleyball 9th – 12th () Softball 5th – 8th

***\$90 Registration Fee Due ---**

Player's Name _____ Email _____

Address _____

School _____ Gender (M/F) Shirt Size _____

Parish _____ Date of Birth _____ Grade _____

Mother's Name _____ Father's Name _____

Mother's Home Phone # _____ Father's Home Phone# _____

Mother's Cell Phone# _____ Father's Cell Phone# _____

Emergency Contact Name _____

Emergency Contact Phone _____ Relationship _____

Medication _____ Allergies _____

Doctor's Name & Phone # _____

Dentist's Name & Phone# _____

CYO will make every effort to help your child learn the sport while practicing sportsmanship. The number of players and teams, which can be accommodated, depends on available funds and the number of volunteers available to administer the program. Therefore, registration is contingent on your willingness to participate when called upon. Also, please demonstrate your gratitude to the coaches for their time and effort by being punctual picking up your child after practices and games. Each player's parent will ASSIGNED to volunteer at the Snack Stand at least once throughout the season.

I am willing to assist the CYO program in the following capacity:

() Head Coach for _____ () Assistant Coach for _____ () Team Parent

Signature(s) of Parent(s) or Guardian(s)

Date

I (we) the undersigned, the parent(s) of the above named child hereby release and agree to hold harmless St. John the Baptist CYO, its officers, agents and employees from any and all actions, causes of actions and claims for injury or damage to my (our) child or her property arising from participation in the activity of St. John the Baptist CYO sports programs. I (we) hereby consent to our child to participate in the above identified sport and authorize medical care of my (our) child as may be necessary in the event of any emergency. I give my permission for my child to ride in someone's car to and from games, if necessary. I am responsible for the uniform and will return it, in appropriate appearance, to the head coach when requested or I will pay a replacement cost of **\$100.00**. I have read, fully understand and agree with the above statements.

Signature(s) of Parent(s) or Guardian(s)

Date

Return completed form with payment Attn: CYO thru SJB School or Rectory.