



2017-2018 Registration, Health & Permission Form

CYO Program Fee: Grades 3-12 - \$135
Check Payable to Saint Kateri Parish.

| OFFICE USE ONLY | |
|------------------|---|
| Amount Pd. _____ | Cash <input type="checkbox"/> Check # _____ |
| Date _____ | Rec'd by _____ |

Child Last Name _____ Child First Name _____

Address _____

City _____ Zip _____

Date of Birth _____ Sex F ___ M ___

School _____ Grade in Fall 2017 _____ Parish Registered _____

Primary Phone (____) - _____ Primary Email _____

| Uniform Size | | | | | | | | | |
|--------------|----|----|----|----|----|----|-----|------|--|
| Shirt | YS | YM | YL | AS | AM | AL | AXL | AXXL | |
| Shorts | YS | YM | YL | AS | AM | AL | AXL | AXXL | |

Mother/Guardian Information

First and Last Name _____

Maiden Name _____

Address if different from child _____

Work Phone () _____

Cell Phone () _____

E-Mail Address _____

Father/Guardian Information

First and Last Name _____

Address if different from child _____

Work Phone () _____

Cell Phone () _____

E-Mail Address _____

Emergency Contact if Parent/Guardian is Not Available

Name/Relationship: _____ Phone:(____) _____

Name/Relationship: _____ Phone:(____) _____

List any allergies or special needs/concerns/dietary restrictions, health concerns:

1. _____

2. _____

3. _____

List any medications (prescription and non-prescription) currently taking—include dosage:

1. _____

2. _____

3. _____

Health Insurance Co _____ Policy # _____

Physician _____ Phone _____

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies only, and for the release of medical records to an attending health care professional in case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I certify that my child is in good physical health and has no limitations other than those I have listed, which may predispose him/her to risk during the program.

I hereby release the Diocese of Rochester and all of its affiliated entities, including its employees, volunteers and the parish sponsor, from any and all liability for any damages suffered as a result of or relating to my child's participation in the CYO program. CYO Athletics is not responsible for lost or theft of personal or team articles.

I give permission to use pictures of my child (without identifying by name) in parish publications.

***Parent/Guardian Signature: _____ Date: _____

CYO Basketball 2017 – 18

Program Expectations and Information:

Parent Volunteers

Parent volunteers are essential to the success of this organization. We require help to setup for home games, admissions, scoring and timers. *Creating a Safe Environment (CASE) training required.

I can help: Coach* Asst. Coach* Time Keeper* Score Keeper* Admission Table*
 Set up/clean up Office/Organization work

Practices

Practices are essential. Absences without good reason and lack of prior notification will have consequences in terms of game play time.

Team Requests

Due to recent consolidation and enforcement of team size limits, we can no longer honor requests for specific coaches or teammates.

Are there any nights you cannot practice? _____

Refunds

Refunds can be made in full prior to the first practice. Refunds after practices have started but prior to game play will be subject to a \$10 administrative fee and possible other fee based on expenses already incurred (i.e. uniform or other materials already purchased for youth). Zero refund after first game.

Are you trying out for your school team? Yes No

(Players on Mod A, JV, and Varsity cannot also play CYO)

Season Tickets

Registration fee includes one season ticket good for one person at regular season Saint Kateri Team home games at Christ the King Gym and the Fieldhouse. Additional season tickets can be purchased for \$10 each at registration or from Saint Kateri Parish Faith Formation office in school at 445 Kings Hwy. S.

I would like to purchase _____ additional season tickets for \$10 each.
(number)