



**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 ☐ 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)**