St. Rose of Lima

2018-19 Season

CYO Registration Form

- Junior High (Grades 6 – 8)
- Junior Varsity (Grades 9 – 10)
- Varsity (Grades 11 – 12)

Student's Name:_____

Date of Birth:__/__/_____ Grade:_____

Catholic: Yes No If Yes, Parish:_____

School Attending:_____

Street Address:_____

City & Zip:_____

Parent/ Guardian's Name (s):_____

Contact Telephone # (1st Parent/Guardian):_____

Contact Telephone # (2nd Parent/Guardian):_____

Email Address (1st Parent/Guardian):_____

Email Address (2nd Parent/Guardian):_____

EMERGENCY CONTACT:

Contact Name:_____

Contact Telephone #:_____

Any Special Medical Needs:_____

_____

The above student has my permission to participate in the St. Rose of Lima CYO Program and I am fully aware that St. Rose of Lima does NOT carry medical insurance on participants. I accept and acknowledge this condition. I certify that the student is playing at his/her own risk, thus releasing St. Rose of Lima from liability for any injury that may occur. I certify that our personal insurance covers the medical costs that may occur as a result from this type of activity.

Parent/Guardian Signature:_____

Print Name:_____

Date:__/__/_____