

**PARENTAL/LEGAL GUARDIAN CONSENT/SIGN-UP FORM
C.Y.O. ATHLETIC PROGRAMS**

2010 SOCCER

Grades 1-8: \$55.00

REGISTRATION FORMS ARE DUE BY JUNE 4, 2010. **REGISTRATION FORMS RECEIVED AFTER THE DEADLINE WILL BE SUBJECT TO A \$25.00 EXTRA FEE.**

ALL FEES ARE DUE BY SEPTEMBER 10, 2010. (Please attach check payable to St. Catherine CYO Sports)

CHILD NAME _____ BIRTHDATE (Mo/Day/Yr.) _____ GRADE (As of Sept.2010) _____

MOTHER'S NAME _____ PHONE #s (Home) _____ (Work/cell) _____

FATHER'S NAME _____ PHONE #s (Home) _____ (Work/cell) _____

ADDRESS _____ MESSAGE E-MAIL _____

EMERGENCY PHONE 1.) _____ 2.) _____

SCHOOL _____ PARISH _____ CATHOLIC (please circle) Y or N

PHYSICIAN _____ PHONE _____

SPECIAL MEDICAL CONDITIONS _____

LIST ANY MEDICINES YOUR CHILD IS TAKING AND THE REASON: _____

LIST ANY OTHER PERTINENT INFORMATION YOUR CHILD'S COACH NEEDS TO KNOW: _____

I hereby consent to participation by my child, an individual under my guardianship, in the activity(ies) described above. I understand that this event may take place away from the Parish grounds and that my child will be under the supervision of the C.Y.O. Athletic Coordinator/Volunteers during the activity(ies). I acknowledge that the C.Y.O. coaches or representatives are not responsible for transportation.

I fully recognize and understand that sports and recreation activities involve an element of risk of bodily injury. I will assume and accept those risks and hazards, which are incidental to such participation. My child has no special medical conditions except as noted above, and is fit for strenuous physical activity. In consideration of the opportunity for my child to participate, should such risk or hazard cause illness or injury to my child, I do hereby release, absolve, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, St. Catherine Parish, its school, its agents, employees, officers, and the chaperones, leaders, organizers, coaches, volunteers, and sponsors, and those individuals transporting my child to and from the above undertaking. Should such entities be guilty of gross negligence, which leads to serious illness, injury, or death of my child, it is recognized that I have the right to pursue legal redress. However, third parties, e.g. the place at which the activity occurs, will be responsible for their own negligence and liability.

I hereby authorize medical/dental care and treatment of my child, as necessary, while under the supervision of the C.Y.O. sports program representative.

I will return all equipment or team uniforms at the end of the season in good condition, or I will provide St. Catherine C.Y.O. Sports with the funds to replace said equipment/uniforms. (*The uniform replacement cost is \$55.00*).

NOTE: Playing C.Y.O. Sports is a privilege not a right. Players who are found to have violated norms of Christian behavior in their activities on the team, in school, or in their behavior in the community at large, risk suspension or dismissal from the C.Y.O Program.

PLEASE CHECK BELOW AS APPROPRIATE:

The above name athlete's attendance at practices and games will be affected by other commitments. (Please note frequency of other activities so the coach can plan accordingly)

Parent/Guardian _____ Student _____ Date: _____

PAYMENT ENCLOSED: _____ **PAYMENT WILL BE MADE BY:** _____ (no later than 9/10/10)

REMINDER: Registration forms are due to the school office by June 4, 2010. **Registration forms received after the deadline will be subjected to a \$25.00 extra fee.** All fees are due by September 10, 2010.