

CYO Registration Form

Player Fee: \$65 Check payable to SFCPC

Parents please note that the uniform is included in the fee.

Player's Name _____ Grade: _____ Birthday: _____

Player's Gender (circle one) Boy/Girl Player's School: _____

Player's shirt size (circle one) YS YM YL AS AM AL AXL AXXL

Parent/Guardian Name _____ Day phone _____

Address _____ Eve phone _____

City, State and Zip: _____ Cell phone _____

Parent E-mail address _____

When assigning children to teams, it helps us to know about schedule conflicts in advance. Having read the letter above about the practice/game times, please check all the following that apply to your child:

- My child will be able to make at all the game dates described above
- My child has scheduling conflicts on the following game dates: _____

Emergency information for Player

Physician Name _____ Phone _____

Medical insurer _____ Policy/Group #: _____

Please identify any special medical concerns or instructions for player _____

Emergency contacts (please include name and relationship to player):

#1 _____ #2 _____

#1 Phone _____ #2 phone _____

#1 Alt.phone: _____ #2 Alt phone _____

I hereby consent to participation by _____, my son/daughter under my guardianship, in the CYO sports. I also give my consent for emergency medical treatment if necessary. I do request that if possible, I be contacted prior to treatment.

Parent Signature _____ Date _____