St. Hilary Parish C.Y.O. Registration Form 2009

Please circle appropriate Sport:

Winter: Basketball **Spring:** Track and Field

Fall: Volleyball / Cross Country / Flag Football

Registration Fee is payable to ST. HILARY CYO:

Basketball - $225 / 4th-8th Grade **Track and Field** - $60 **Volleyball** - $150

$175 - 3rd Grade **Cross Country** - $50 **Flag Football** - $40

Student Name: _____ Grade: _____ DOB_____

Address: _____ City: _____

Home Phone #: _____ M/F _____ School: _____

Mother's Name: _____ Father's Name: _____

Cell Phone #: _____ Cell Phone #: _____

E-Mail Address: _____ E-Mail Address: _____

Doctor's Name: _____ Phone Number: _____

Insurance Carrier: _____ Plan Number: _____

Dentist Name: _____ Phone Number: _____

Please list any known medical condition(s) that the coach(es) or administrators should be aware of:

Emergency Contact (other than parent) Name: _____

Home Phone #: _____ Cell Phone #: _____

Approval to Participate, Consent For Medical Treatment and Waiver and Release

In consideration of the acceptance of the my/our child's application for participation in St. Hilary Parish CYO sports and recreation activities, I/we hereby (i) grant permission for my/our child to participate and (ii) waive, release, discharge, and covenant not to sue the sponsors, officials, leaders and the Roman Catholic Archbishop of San Francisco, St. Hilary Parish, and St. Hilary Parish CYO and their respective officers, agents, employees, or any other individual or entity connected or associated with them, from all liability to me/us, my/our personal representative(s), heirs, next of kin, successors, assigns and all individuals or entities with whom I/we are connected or associated or alleged to be connected or associated, from all liability and claims for damages for death, personal injury, loss or property damage which I/we may have or which may hereafter arise out of or which is connected in any way to my/our child's participation in St. Hilary Parish CYO sports and recreation activities.

I/we hereby waive any and all rights to any photographs, video tapes, motion pictures, recordings, or any other record of the activities which may be made by the Roman Catholic Archbishop of San Francisco, St. Hilary Parish CYO and affiliate organizations.

I/we hereby attest that my/our child is physically fit and capable of participation in this program and has been verified to be physically fit by a licensed medical doctor during the last six (6) months. In the event that I/we cannot be reached in an emergency, I/we give permission for whatever medical treatment may be considered necessary by the attending physician or other medical personnel for my/our child.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

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