



ST. ANTHONY CYO REGISTRATION AGREEMENT

- CROSS COUNTRY
- GIRLS BASKETBALL
- BOYS BASKETBALL
- GIRLS VOLLEYBALL

Participant's Name:		Birthdate (mm/dd/yyyy):	
Participant's School:	Religious Ed Program (If not attending St. Anthony School):	Grade:	
_____ Purchase _____ Borrow Uniform Size (circle one): Y-Small Y-Medium Y-Large Y-Extra Large A-Small A-Medium A-Large		If purchasing, Uniform No. (Provide 3 in preferential order): 1) 2) 3)	
Father's Name/Legal Guardian:	Home Phone:	Cell Phone:	eMail address:
Father's Home Address:			
Mother's Name/Legal Guardian:	Home Phone:	Cell Phone:	eMail address:
Mother's Home Address: (If different from above)			
Emergency Contact (if parent is unavailable):	Home Phone:	Cell Phone:	Relationship:

REGISTRATION REQUIREMENTS

1. NEW CYO Participant: Copy of Participant's Birth Certificate and Catholic Baptismal Record.
2. Copy of Participant's current Medical Insurance.
3. The Participant is either enrolled at St. Anthony's School or is enrolled and attending Religious Education.
4. The Participant's family must be a registered parishioner of St. Anthony's Church or other Catholic parishes in the vicinity not participating in a CYO program.
5. Payment of Diocese and Parish Registration Fees. See back page for fee schedule.
6. Parents/legal guardian's participation is mandatory during home games and/or tournaments. **Initial:** _____
I agree to volunteer in one or more of the following areas:
 _____ Set-up or Clean-up gym for home games _____ Roadrunner Cafe _____ Scorer or Line Judge
7. Parents/legal guardians are responsible for on-time transportation to and from practices and games. Game schedules are available at <https://sites.google.com/site/diocesefstocktoncyo/>
8. Only CYO participants are allowed at practices. Siblings are not allowed to stay unless a parent is present.

We will abide by the rules of the DIOCESE, PARISH, COACH AND ATHLETIC DIRECTOR for CYO participation and understand that any violation will result in forfeiture of games and suspension of the PARTICIPANT. In the event of an emergency, I authorize the adult supervising my child in CYO participation to consent to MEDICAL or DENTAL treatment, which is deemed advisable by, and to be rendered under the supervision of a licensed PHYSICIAN or DENTIST.

Signature of Participant

Signature of Parent/Legal Guardian

Date

FEE SCHEDULE & DEADLINES:

SPORT	FEE ¹	FEE ¹ (additional sibling)	REGISTRATION DEADLINE	JERSEYS ¹
Basketball	\$130.00	\$110.00	Boys Teams: October 2, 2019	\$ 60.00
Cross Country	\$ 80.00	N/A		
Volleyball	\$130.00	\$110.00	January 15, 2020	Jersey only \$25 Jersey & shorts \$30

Registration paperwork and payments must be turned in at the Parish Office or School Office by stated deadline.

Please make checks payable to St. Anthony CYO.

¹All fees are final. No refunds will be issued.

PHOTO WAIVER

By signing this waiver, I understand and agree that photographs may be taken during the CYO Season and that I hereby give permission to have the participant's photo taken and authorizes the use and reproduction of said photos by St. Anthony's CYO. All photos shall become the sole property of St. Anthony's CYO.

Printed Name of Participant

Signature of Parent/Legal Guardian

Date

LIABILITY WAIVER/MEDICAL TREATMENT CONSENT

In consideration for my family members' participation in St. Anthony's CYO that I wish to register for, I voluntarily release St. Anthony's Church, St. Anthony's Athletics, St. Anthony de Padua Catholic School, their employees, contractors, volunteers, directors and officers from any and all liability for injuries or death or property damage to me and/or my child resulting from, arising out of, or in any way connected with my and/or my child's participation in St. Anthony's CYO. I understand that this waiver and release is applicable even though liability may arise out of the negligence or carelessness on the part of persons mentioned above. I further agree to defend, indemnify and hold harmless the persons above from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation related expenses such as attorney and expert witness fees) resulting from, or in connection with participation in this program whether caused by any negligent act of omission of the persons above.

I further understand that serious accidents may occur in St. Anthony's CYO programs that I am registering for, that participants in this program may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this program. Knowing the risks of said event, nevertheless, I hereby agree to assume those risks and to release and hold harmless to the fullest extent allowed by Law all of those persons mentioned above who through passive or active negligence or carelessness might otherwise be liable to me for damages.

It is further understood and agreed that this waiver release, hold harmless and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns.

I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for my family members in case of illness or accident during such program. In the event of injury of a child participant, and if a parent cannot be reached, the child will be transported to the appropriate care facility.

By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

Printed Name and Signature of Parent/Legal Guardian

Date

Parish CYO Athletic Directors: Belynda Estrada and Glenn Hernandez **email:** cyo@sasmanteca.org

*** CYO OFFICE USE ONLY ***	
Participant: _____ New _____ Returning Required Forms: _____ Baptismal Cert. _____ Birth Cert. _____ Health Insurance	Amount: _____ Payment Date: _____ Received by: _____ _____ Cash _____ Check No. _____ Bank _____ _____ Credit Card