



ST. ANTHONY CYO REGISTRATION AGREEMENT

DATE: \_\_\_\_\_

CROSS COUNTRY \_\_\_\_\_ GIRLS BASKETBALL \_\_\_\_\_ BOYS BASKETBALL \_\_\_\_\_ GIRLS VOLLEYBALL \_\_\_\_\_

Players Name \_\_\_\_\_ Grade \_\_\_\_\_

Players School \_\_\_\_\_ Religious Ed Program \_\_\_\_\_ Birthdate \_\_\_\_\_  
(If not attending St. Anthony School)

Fathers Name/Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail address \_\_\_\_\_  
CYO communicates mainly through e-mail

Mothers Name/Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (If different from above) \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail address \_\_\_\_\_  
CYO communicates mainly through e-mail

Friend/Relative to Contact (If Parent unavailable) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Uniform Size Y-SMALL Y-MEDIUM Y-LARGE Y-XTRA LARGE  
ADULT SMALL ADULT MEDIUM ADULT LARGE UNIFORM# \_\_\_\_\_

REGISTRATION REQUIREMENTS

- 1. Parents must present a copy of the Players birth certificate at Registration, unless a returning player.
2. Parents must present a copy of the Players Catholic Baptismal Record at Registration, unless the player is attending St. Anthony's School or is a returning player.
3. The player must attend St. Anthony's School or the players family must be a registered Parishioner of St. Anthony's Church and be enrolled and attending Religious Education.
4. The player must not play for or practice with another organized team in the same sport, or in any other league at any time while participating in CYO.
5. Parents must pay Diocese and Parish Registration Fees of \$100.00/player. Family discounts are available at a rate of \$75.00 for each additional sibling IN THE SAME SPORT. Cross country fee is \$70.00/player - NO DISCOUNTS.
6. If registration fees are not paid prior to 1st game/meet, a \$15.00 late fee will apply - NO EXCEPTIONS.
7. All payments are final. No refunds will be issued.
8. Parents are responsible for on-time transportation to and from practices and games.
9. Only players are allowed at practices. Siblings are not allowed to stay unless a parent is present.
10. Coaches have the right to conduct "Closed Practices"
11. Parents must be available to volunteer their time to ensure the success of the program.
12. Game schedules are available at www.stocktoncyo.com

CYO Athletic Director: Roman Alvarez email: rlalvarez@comcast.net

Rules of the DIOCESE, PARISH, COACH AND ATHLETIC DIRECTOR for CYO participation and understand that any violation will result in forfeit of games and suspension of the PLAYER. 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.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

To Be Filled Out by CYO Board Member

\_\_\_\_\_ BAPTISMAL CERT \_\_\_\_\_ BIRTH CERT \_\_\_\_\_ REG CK \_\_\_\_\_ UNI DEP \_\_\_\_\_ RETURNING \_\_\_\_\_ NEW

**Important Documents**

To update all St. Anthony's CYO records, we ask all participants to submit a copy of the following:

- Health Insurance
- Baptismal Certificate
- Birth Certificate

**Release of Photographs**

By signing this release, the undersigned understands and agrees that photographs may be taken during the CYO Basketball season and the undersigned hereby gives permission to have his/her photo taken and authorizes the use and reproduction of said photos by St. Anthony's CYO. All negatives and prints shall become the sole property St. Anthony's CYO.

Print Name of Participant	Signature	Date
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If participant is a under the age of 18, his/her legal guardian hereby authorizes the use of the photos as stated above.

Signature of Parent/Guardian	Relationship	Date
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**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's Booster Club, their employees, contractors, volunteers, directors and officers** (hereinafter referred to as "RELEASEES") 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 through the negligent activities of the **RELEASEES** may have contributed to the injury or death or property damage suffered by me or my child participating in this program. I further agree to **DEFEND, INDEMNIFY and HOLD HARMLESS** the **RELEASEES** 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 **RELEASEES**.

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 agree 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 as stated on their registration form.

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

Parent's/Guardian's Signature	Date
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Print Name

**Questions or Comments:**

Roman Alvarez, Athletic Director    email: rlalvarez@comcast.net