

SFA ROSTER CERTIFICATION SURVEY

Sport: _____

Player's Last Name: _____

First Name: _____

Address (Street, City and Zip Code): _____

Phone #: (Home) _____ (Cell) _____

Parish: _____

Religion: _____

School: _____

Grade: _____

Does the player attend CCD and at which Parish: _____

Date of Birth: _____

Parent's First Names: _____

E-mail Address: _____

Have you received a copy of the SFA CYO Handbook: _____

Does the player have any medical conditions that his/her coach would need to be made aware of?

Family Fee Paid: _____

Saint Francis of Assisi CYO Registration/Consent Form

Please circle sport:

Football * Flag Football * Football Cheerleading * Competition Cheer * X-country * Track

Field Hockey * Basketball * Intramural Basketball * Volleyball * Baseball * Golf * Softball

Student's last name: _____ First name: _____

Address: _____

Phone: (h) _____ Date of birth: _____ Grade (Sept.) _____

School: _____

The registration form entitles this student to participate in the sport noted above, sponsored by St. Francis CYO. The CYO will provide basic uniforms to every team member. Additional personal items may have to be purchased by the athlete for his or her own sport.

For Parents or Guardians:

My son/daughter has my permission to participate in the CYO sports program for St. Francis of Assisi Parish.

The player and his/her parents and/or guardians acknowledge that participation in a CYO sponsored event is a potentially hazardous activity and the player should not participate unless he/she is medically able and properly trained. The player and his/her parents and/or guardians assume all risks associated with participating in the sporting event. Having read this waiver and knowing these facts and in consideration of your accepting my application for participation, I, for myself and also for my child, as well as anyone entitled to act on my behalf or my child's behalf, waive and release St. Francis of Assisi parish, the parish CYO board, CYO Central and the Archdiocese of Philadelphia, its directors, referees, and their representatives and successors from all claims or liability of any kind arising from my child's participation in these sporting events or carelessness on the part of the persons named in this waiver.

I further acknowledge that I will maintain adequate medical insurance to provide medical treatment in the event my child is injured during a CYO sponsored sporting event.

In the event of a serious injury, I agree to have him/her brought to the nearest hospital. Every attempt will be made to contact me. However, if I cannot be contacted, I give my permission to the medical staff to begin treatment of any serious injury or life-threatening event.

Parent/Guardian Signature
(Date)

In the event of emergency or injury I can be contacted at: (home) _____

(Cell/beeper) _____ (work) _____

List any allergies, medications, or any other important information, which should be known by a medical staff:

Email address: _____