

St. Francis de Sales CYO Sports Application

Name Male Female Date of Birth / /20

Street Address

City State ZIP

Phone Number

School

Grade 4 5 6 7 8 9 10 11 12

Sport Volleyball Basketball Cross Country

Baseball Track Coed Volleyball

Player Signature

I/we, the parents of the above applicant give approval for the above applicant to participate in the CYO sports program. Should my child be injured and need medical treatment, I authorize the CYO organization to obtain medical treatment. I also realize that there is a chance of injury from participating in the CYO sports program and do hereby waive, release, absolve, indemnify and agree to hold harmless St. Francis de Sales Parish, St. Francis de Sales CYO, coaches and other supervisory personnel for any claim arising out of an injury to above applicant whether the result of negligence or for any other cause, except to the extent and in the amount covered by insurance.

Public school students are not permitted to play on their school team and CYO. If my child becomes a member of the school team I will notify the CYO coach immediately.

Parent(s) or Guardian(s) Signature

Please indicate any physical limitations(allergies, hearing, sight, etc.):

Family Doctor

Doctor's Phone #

Hospitalization Plan

Additional Information or Comments

Father/Guardian Name

Emergency Phone #

Mother/Guardian Name

Emergency Phone #

E-mail address(es)