

St. Francis de Sales CYO Sports Application

(All Fees are non refundable)

Name _____ Male Female Date of Birth: _____

Street Address _____

City _____ State _____ ZIP _____

Phone Number _____ Amount Paid _____

School _____ CCD Yes No

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.

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 _____

Mother/Guardian Name _____

E-Mail address (s) _____