

**ST. ANTHONY CYO  
2012 SOCCER REGISTRATION**

Registration Form

Please return registration form along with the registration fee to the school office *marked for CYO*. Payment must be attached or form will be returned and registration will not be accepted. Please make checks payable to: St. Anthony CYO. CASH NOT ACCEPTED.

**Refund Policy:**

Prior to the first game: A letter of explanation submitted to the CYO commissioner, full refund will be granted.  
After the first game: No refunds granted.

**Participant Information \*\* (Each participant must fill out a separate registration form)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade (2012-13 school year): \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Boy  Girl

Catholic:  Yes  No Parish: \_\_\_\_\_ Race (optional): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parents' Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ (Youth S, M, L, Adult S, M, L, XL, XXL)

Did your child play last year/ who was the Coach \_\_\_\_\_

Grades 5-8 Was last year's uniform turned in:  Yes  No if not, it must be turned in or paid for before a new one can be issued.

Grades K-3 Do they need a new t-shirt?  Yes  No

Event: \_\_\_\_\_ Cost: \_\_\_\_\_ Registration \_\_\_\_\_ Deadline: \_\_\_\_\_

Soccer (Grades K-3): \$45.00 June 15<sup>th</sup>, 2012

Soccer (Grades 4-8): \$65.00 June 15<sup>th</sup>, 2012

In lieu of an individual sport registration fee, a family fee of \$275 may be paid to CYO for all children in a family for all CYO sports. The fee must be paid up front.

Please list other siblings and their grades paid for on this check: \_\_\_\_\_  
(Each participant must fill out a separate registration form)

Are there any school/Parish weekend scheduling conflicts that we should know about? (Please include conflicts and dates)

\_\_\_\_\_

**Volunteer Information**

In order for our CYO sports program to be successful, we need many volunteers. Please check the areas where you are willing to help.

Coaching  Linesman  Other

**Medical Waiver and Team Uniform Agreement**

I, the undersigned, in consideration of allowing my son/daughter to participate in St. Anthony's Athletic Association programs, voluntarily assume all risks and liability from accident, and/or damage to property, to, and/or, by my son/daughter, and to hold the St. Anthony's Athletic Association, directors, coach's and sponsors harmless from any and all claims arising from his/her participation of said program. I also agree to allow emergency treatment of injuries, in the event I am not present except \_\_\_\_\_ (no exceptions if not written).

This medical waiver, once on file with St. Anthony's Athletic Association, will cover any programs sponsored by the St. Anthony's Athletic Association in which your son/daughter participates throughout the current school year and the following summer, unless rescinded in writing to the St. Anthony's Athletic Association. A copy of this waiver is to be in the possession of your child's coach while he/she is practicing/participating in the St. Anthony's Athletic programs.

Within one week of the final season game, I agree to return my child's team uniform to the head coach. I understand that if I do not return the uniform within this time period or if the uniform is lost or destroyed by negligence, I will reimburse St. Anthony's C.Y.O. an amount of \$60 per uniform.

I am the Parent or Guardian of \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For CYO Use Only:

Individual Fee Paid: \$ \_\_\_\_\_ Family Fee Paid: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_