

**ST. ANTHONY CYO
2012 TRACK REGISTRATION**

Registration Form

Please return registration form along with the registration fee to the school or Parish 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 as of 9/1/11: _____ Birth date: _____ / _____ / _____ Age: _____ Gender: Boy Girl

Catholic: Yes No Parish: _____ Race (optional): _____

Address: _____ City: _____ ZIP: _____

Parents' Name: _____

Father's E-mail: _____ Mother's E-mail: _____

Home Phone: _____ Mother's Work Phone: _____ Father's Work Phone: _____

Cell Phone: _____ Family Doctor: _____ Dr. Phone: _____

Do you need a track shirt? Yes No Shirt Size: _____ (Youth S, M, L, Adult S, M, L, XL, XXL)

Did your child play last year/ who was the Coach _____

Event: _____ Cost: _____ Registration Deadline: _____
Track (Grades 4-8): **\$40.00** **April 5th, 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)

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.

Asst. Coach Field Event Judge (Meets) Statistician (Meets)

Medical Waiver 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.

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 #: _____