

**ST. ANTHONY CYO  
2012 VOLLEYBALL 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: \_\_\_\_\_

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

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

Was their uniform turned in:  Yes  No if not, it must be turned in or paid for before another one can be issued.

Event: \_\_\_\_\_ Cost: \_\_\_\_\_ Registration Deadline: \_\_\_\_\_  
**Volleyball (Grades 5-8): \$65.00 January 13<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  Scorekeeper  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 #: \_\_\_\_\_