

CYO REGISTRATION FORM

(Please complete all information)

Child's Name: _____ Age: _____ Male Female Grade: _____

Address: _____ Zip: _____ Birth Certificate #: _____

Email: _____ Birthdate: _____

Phone No.: _____ School: _____

Church Normally Attends: _____ Home Parish: _____ Adjacent Parish: _____

PL# PS# B PC

Ages 3 Thru 15

\$70-Registration Fee \$20-Uniform Deposit

Verification: Utility Bill Other: _____

IN ORDER FOR A CHILD TO BE ON AN ACTIVE ROSTER, CURRENT \$70.00 REGISTRATION, \$20.00 UNIFORM DEPOSIT, SERVICE HOUR FEE AND ALL OUTSTANDING BALANCES MUST BE PAID IN FULL AT REGISTRATION.

PRACTICE ATTENDANCE: It is important your child attends practice. CYO rules allow a coach to drop your child after three (3) unexcused absences. Please cooperate with your coaches and notify them ahead of time if your child will not attend a practice.

UNIFORMS: The \$70 registration fee does not include a uniform. Each player will be required to pay a \$20 refundable deposit for their uniform, unless the team is able to secure a sponsor. St. John Berchmans will be responsible for ordering the team jerseys. Your child will be required to pay the uniform deposit in order to participate in our program if there isn't a sponsor.

Mandatory CYO Fundraiser Obligation/Non-Participation Fee: See CYO Parent Involvement Program Form

REFUND POLICY: Per CYO Policy & Procedures Handbook; 1) Player drops prior to commitment night to zone (full refund less the \$15.00 from fee), 2) Player drops between commitment night and the actual league opening date (1/2 of fee collected), 3) Player drops after league play begins (no refund), 4) Team does not form (full refund). These fees will be refunded as soon as possible, but no later than two (2) weeks from any of the above situations.

CONCESSION SCHEDULE: Each team will be required to work scheduled times in the concession stand and assigned a field maintenance day during the season. A schedule will be provided and must be adhered to. Any team not meeting their obligation will be subject to a \$50 fine.

Sport: Soccer Volleyball Flag-Football Basketball Softball Baseball Track

Parents or Guardians Names

Father: _____ Cell: _____ Email: _____

Mother: _____ Cell: _____ Email: _____

Father D.O.B: _____ Mother D.O.B: _____ CYO Certification: _____

Parents Will Help With: Coaching Concession Scorekeeping Background Check Completed: _____

Medical condition which the coach should be aware: _____

Date: _____ Signature of parent or guardian: _____

In signing this contract, you acknowledge that you have read and agree to the terms and conditions including the release and consent of medical treatment.

Initials

Receipt #: _____ Receipt #: _____

-----"For CYO Board Use Only" -----

Division: _____ Amount Paid _____ Check Number: _____ Register's Initials: _____ Date: _____