St. Charles Borromeo Church
2011 Registration Form

Date _____ **Circle One: Check Cash**

☐ **CYO Basketball Camp** ☐ **CYO Cheerleading Camp** **Check #: _____ Amount: _____**

FEE: $20.00 / B-Ball $25.00 / Cheerleading
PAYABLE: Please pay by cash or check/money order payable to St. Charles Church.

Name _____ Date of Birth _____

Address (including city & zip) _____

Parish _____ Grade in Sept 2011 _____ Telephone _____

Parent's Name (s) _____

E-mail Address _____ Player's Shirt Size _____

Medical Release Information for above named participant:

Father's Name _____ Mother's Name _____

Person to contact in case of emergency (other than above):

Name: _____ Relationship _____

Home Telephone _____ Cell Phone _____

Health Insurance Carrier _____

Physician Name/Telephone _____

Hospital Preference _____

List any medications currently taking _____

Are there any medical conditions (ie. Asthma, ADD, etc.) that your child's coach should be aware of: **YES** **NO**

Please explain: _____

DISCLAIMER:

I/We, the parent/guardian of _____ request that the St. Charles CYO sports program allow my/our child to participate in the above sport. I/We hereby release and hold harmless St. Charles Church and all employees or volunteers of the Church from any and all liability for any and all injuries that may result from participation in this sport. I/We hereby give permission to seek medical attention in the event I/We are not available.

_____ _____
Parent signature Parent signature

_____ _____
Date Date

Volunteer Opportunities (Please check all those in which you would like to participate):

☐ CYO Board Member ☐ Coaching

☐ Banquet Committee ☐ Fundraising

☐ Gym Maintenance (Sweeping/Mopping floors, Repair Work, etc).

☐ **Please send information about the St. Charles CYO Basketball Program for October 2011**