

2019-2020 St. Joseph's CYO Basketball Registration

Please Bring This Form to Practice. Do NOT Send it to School!

Participant's Name: _____ Grade: _____ M or F: _____

Date of Birth: _____

School Attending: _____

Parent #1: _____ Parent #2: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Email Address #2: _____

Emergency contact (*required*): _____ Phone: _____

The parent, guardian, or custodian by executing this registration for and on behalf of the named participant represents and warrants that they are unaware of any physical or mental impediment that would or could cause injury or harm to the participant or to others by the said participant's participation in the activities of the Catholic Youth Organization (CYO). Due to the strenuous nature of some activities, the parent, guardian, or custodian is urged to consult a physician concerning the fitness of the participant to engage in CYO activities prior to executing this registration. Since all activities present certain inherent and/or inadvertent risks and hazards, known and acknowledged by the undersigned, they, parent, guardian, or custodian, by their execution hereof, approve the participant's participation and assume all liability incident to the said minor's participation, except that liability, which is imposed by law, on the Catholic Archdiocese of Washington, the Catholic Youth Organization, their employees, agents, coaches, or volunteers.

Signature (*required*) _____ Date: _____

Fee: **\$125 and \$25 Uniform Fee for 10U and higher. \$75 for 7U and 8U.** Age calculated by age on November 30, 2019

Make checks payable to: **St. Joseph's CYO**. Give form and payment to a coach at your first practice. Please **DO NOT** send it to any school office (unless you attend St. Joseph's) or coaches may never see it or know you exist.

Participation WAIVER: *I acknowledge and I am fully aware that participation in CYO Basketball is a potentially hazardous activity.*

I acknowledge that CYO Basketball practices and competitions may involve strenuous physical exertion.

I acknowledge that a risk of injury is inherent to youth sports participation in general and to CYO basketball practices and competitions specifically.

I certify that my child is medically able to participate and does not have any known medical conditions that would make participation in CYO Basketball unwise.

In the event my child experiences a medical emergency in my absence and during participation in a CYO Basketball event, I consent to emergency medical treatment for my child potentially including transportation to a hospital. I acknowledge that I will be responsible for any financial costs associated with such emergency medical treatment.

I agree that my child and I will abide by all team and league rules and policies so long as my child is a member of the team.

I, on behalf of my participating child/children, other spectating or non-participating children of mine present, and myself, assume all risks, foreseen and unforeseen, associated with CYO Basketball participation, including, but not limited to, the risk of physical injury, the effects of the weather including high heat and humidity, the conditions of the course or venue, risks travelling to or from venues, and other risks, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my registration, I for myself and anyone for whom I am entitled to act, waive, release, and will hold harmless St. Joseph's Parish and School, St. Joseph's CYO and its board, the Archdiocese of Washington, and all the agents, employees, officers, directors and volunteers (including coaches) working for those entities from all claims and liabilities of any kind except that liability, which is imposed by law, arising out of or related to my child's participation in CYO Basketball.

Signature (parent or guardian) _____ DATE _____

Name of Participant _____