SACRED HEART CYO REGISTRATION

Name:_____

Address:_____

Phone:_____ **Birthdate:**_____ **Grade:**_____

Parent's Names:_____

Parent's Email Address:_____

School:_____ __ **Registered in Parish?**_____

Uniform Size: (includes sweatshirt – one size up from shirt unless otherwise requested)

Shirt		**Shorts**
Youth	**Adult**	
___ Small	___ Small	___ Small
___ Medium	___ Medium	___ Medium
___ Large	___ Large	___ Large
	___ X-Large	___ X-Large

As Parent/Guardian, I do hereby grant permission for my child to participate in the sports program indicated above.

_____
Signature Date

I will be available to: ____ Coach ____ Asst. Coach

Registration Fee Paid $ _____ Cash _____ Check #_____

Medical Clearance

I understand that participation in a CYO sport will involve strenuous physical activity including but not limited to running as well as physical contact in both games and practices. I know of no physical condition which would limit or affect my child's ability to participate fully in both practices and games. I understand that Sacred Heart CYO, its members, agents, employees and volunteers are relying on my representations regarding my child's ability to fully participate in CYO sports and hereby waive any cause of action on behalf of myself and or my child against Sacred Heart Parish, Sacred Heart CYO, its officers, employees, agents and or volunteers referable to and or connected with my child's participation in CYO sports. By initialing the box below I acknowledge that I have read, understood and agreed to the above.

☐ Parent's Initials