

ST. BERNARD'S CYO REGISTRATION AGREEMENT, DIOCESE OF STOCKTON

ATHLETE'S NAME: _____ DOB: _____

SCHOOL: _____ GRADE: _____

If not enrolled at St. Bernard's School, the player must be participating in a St. Bernard's Religious Education Program (this is a Diocese requirement, with some limited exceptions). Please list which Religious Education class your child currently attends:

Will your player use her jersey from last year? YES NO (please circle)

If YES, what number jersey will your player use? _____

If not using a jersey from last year, please indicate the size your player wears and a new one will be ordered at a cost of \$25:

Jersey Size (please circle): Child / Adult
(please circle): SM / MED / LG / XL

DID YOU PLAY FOR ANOTHER PARISH LAST YEAR? YES OR NO

IF SO, WHERE? _____

FATHER'S NAME: _____ WORK/CELL PHONE: _____

MOTHER'S NAME: _____ WORK/CELL PHONE: _____

PARENT'S EMAIL: _____

ATHLETE'S ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE NUMBER: _____

EMERGENCY CONTACT: _____ PHONE: _____

(We must have this Emergency Contact Completed)

Registration Requirements

1. Parents must provide a copy of the player's Catholic baptismal record at registration unless the player is attending the school (not just CCD) of the parish for which he/she will play (N/A for returning players).
2. Parents must provide a copy of the player's birth certificate at registration (N/A for returning players).
3. The player must be registered with the parish for which he/she will play or attend the school of that parish, or have the written permission of the Diocese CYO Commissioner.
4. Parents are responsible for on-time transportation to and from practice and games.
5. Parents are required to volunteer their time to ensure success of the program as their parish determines.
6. **Program registration fee: \$90.00 per player, plus \$25.00 if ordering a new jersey. Please make checks payable to St. Bernard's CYO.**

I understand that each parish Athletic Director has a copy of the Diocese CYO guidelines and rules. I agree to follow the rules of the Diocese, parish, and coach for CYO participation and I understand that any violation will result in forfeit of games and suspension of the player.

In the event of emergency, I authorize the adult supervising my child in CYO participation to consent to medical or dental treatment that is deemed advisable by, and to be rendered under the supervision of, a licensed physician or dentist.

With my signature below, I give my child permission to participate in St. Bernard's CYO Volleyball Program.

Parent Signature

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FEE PD: _____ **CHECK #** _____ **BAPTISM CERT:** _____ **BIRTH CERT:** _____

ADDITIONAL PLAYERS PD W/ THIS CHECK:

NAME: _____ **GRADE:** _____

NAME: _____ **GRADE:** _____

NAME: _____ **GRADE:** _____