

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 current in the St. Bernard's Religious Education Program (this is a Diocese requirement). Please list which Religious Education class the player attends:

Did you play for another parish last year? YES NO If YES, which parish? : _____

If you already have a uniform to use, what number do you have? _____

If you will be purchasing a new uniform, please give us the size to order: **Uniform Size** (please circle): Child / Adult
Shorts (please circle): XSM / MED / LG / XL / XXL **Jersey** (please circle): XSM / MED / LG / XL / XXL

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. The player may play for another organized team or in another league while participating in CYO as long as the player was on a CYO roster for that sport the previous year.
5. Parents are required to volunteer their time to ensure success of the program as their parish determines. **There is a \$25 opt out fee for missed volunteer commitments.** (Usually each family will be assigned to work one to two shifts in the snack bar during the season.)
6. **Program registration fee: \$110.00 per player (uniform is extra). Please make checks payable to St. Bernard's CYO.**
7. Players with outstanding balances will not be eligible to participate in practices or games until the account is current. Please don't hesitate to contact the Parish AD if this creates a hardship.

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 Basketball 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:** _____

PARENT PARTICIPATION FEE PD: _____