

# 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).** Please list which Religious Education class the player currently attends:

\_\_\_\_\_

DID YOU PLAY FOR ANOTHER PARISH LAST YEAR? YES OR NO 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. 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 (subject to approval of coach and parish AD).
5. Parents are responsible for on-time transportation to and from practice and games.
6. Parents are required to volunteer their time to ensure success of the program as their parish determines.
7. **Program registration fee: \$65.00 per player. 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.

I give my child permission to participate in St. Bernard's CYO Cross Country Program.

\_\_\_\_\_  
Parent Signature

FEE PD: \_\_\_\_\_ CHECK # \_\_\_\_\_ BAPTISM CERT: \_\_\_\_\_ BIRTH CERT: \_\_\_\_\_

ADDITIONAL PLAYERS PD W/ THIS CHECK: NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_