

**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: \$95.00 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:** \_\_\_\_\_