

St. John Athletic Boosters - CYO Registration Form

Boys Volleyball - Grades 3-8 Registration Deadline: Jan 15th, 2012

Participation Fee \$100 (\$20 late fee for registrations rec'd after deadline)

Player Name: _____ Home Tel #: _____

D.O.B.: _____ Grade: _____ School: _____

Parent /Guardian Information:

Parents' Names: _____

Street Address: _____ City: _____ Zip: _____

Mom's Cell #: _____ Email: _____

Dad's Cell#: _____ Email: _____

Church: Registered at St. John _____ Other (specify) _____

IMPORTANT: CYO Team players are requested to be registered St. John parishioners or belong to a parish which does not field a team in that sport.

Please check one of the following if interested:

Head Coach Asst. Coach Team Parent Athletic Booster Volunteer

***All coaches are required to be fingerprinted & have a back ground check.

Those who expressed an interest in coaching, have you completed the Archdiocese's educational class, fingerprinting and background check? Yes No

Return Registrations by mail to:

CYO Boosters - Att'n D. Bretl/BVB

C/O St. John's Office

9080 Cincinnati Dayton Rd.

West Chester OH 45069

To Be Completed by Booster Treasurer:

Date Received: _____

Amount: _____ Check#: _____

*Refunds will only be considered for player medical reasons or moving from parish prior to the start of season

Parental Consent: I hereby release and discharge both the St John Parish and Athletic Boosters, it's officers, coaches, and representatives from any and all obligations and for liability resulting from accidents or injuries, or otherwise occurring as a result of my child's participation in or attendance at any St John Athletic Booster activity. In the event my child becomes ill or injured during any St. John Athletic Booster Activity, its officers, coaches, and representatives have my permission to have reasonable medical services provided to my child, including transportation to appropriate emergency medical facilities.

Parent/Guardian Signature: _____ **Date:** _____