

ST. EPHREM C.Y.O. REGISTRATION FORM

(Please print all information)

Child's Name: _____ Male or Female (Circle one)

Address: _____ Grade during the sport: _____

e-mail address: _____ Age: _____

Phone No.: (____)-_____ Birthdate: _____

Church: St. Ephrem or other : _____ School: St. Ephrem or other : _____

Must be Enrolled in CCD (PREP) if in grade 1-8 and not in St. Ephrem School

Sport: (Circle one)

Cheerleading Cross Soccer Basketball Baseball Softball Track Volleyball
Country

Shirt Size: AXL AL AM AS YXL YL YM YS

Parents or Guardians Names

Father: _____ Cell: _____ e-mail: _____

Mother: _____ Cell: _____ e-mail: _____

Alternate Contact

Name: _____ Phone: (____)-_____

Parents Will Help With

Head Coach: Region __, Parish __, Either __ C.Y.O. Accredited: _____

Assistant Coach: _____ Background Check Completed: _____

Attended Protecting God's Children session: _____

Additional information available on <http://stephremcyo.org>

Any medical condition affecting your child of which the coach should be aware:

As parent or guardian of the above named child I agree to indemnify and save harmless St. Ephrem Church, School and C.Y.O., their Priests, Sisters, coaches, advisors or employees from and against all loss or expense (including costs and attorney's fees) by reason of liability imposed by law upon the Parish for damages because of bodily injury, at any time, incurred by the above named child while he or she is participating in C.Y.O., related activities or on account of damage to property including loss of use thereof arising out of or in consequence of the use of St. Ephrem Church, School or C.Y.O. facilities, whether such injuries to persons or damage to property is due to or claimed to be due to the negligence in whole or in part of the organization, the St. Ephrem, School or C.Y.O., their Priests, Sisters, coaches, advisors or employees. The undersigned parent or guardian hereby acknowledges that he or she has or will provide appropriate Health and Accident Medical Insurance to cover the above named child against any and all personal injuries sustained while a participant in any activity sponsored by the St. Ephrem C.Y.O.

Date: _____ Signature of parent or guardian: _____

Mail Completed forms with registration fee (no cash) to: St. Ephrem CYO
Post Office Box – 292
Bensalem, Pa. 19020-0292

CYO Sports provide but one facet of the St. Ephrem parish life. All athletes and their families are encouraged to attend Mass regularly and actively participate in other aspects of the St. Ephrem Family experience.

-----"For St. Ephrem CYO Board Use Only"-----
Level (Varsity, JV, etc.): _____ Sex: _____ Amount Paid _____ Check Number: _____
Register's Initials: _____ Date: _____