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 Country | Soccer | Basketball | Baseball | Softball | Track | Volleyball

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__
Assistant Coach: _____
C.Y.O. Accredited: _____
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 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.