

IS YOUR FAMILY A SFDS REGISTERED PARISH FAMILY? (Y/N) _____

FAMILY NUMBER _____

SFDS CYO 2018-2019 REGISTRATION

FAMILY NAME: _____ ADDRESS: _____ APT # _____

Mom's First Name: _____ Dad's First Name: _____

TEL #: _____ E-mail: _____

REQUIRED: Do you have Medical Insurance for all the children you are registering? _____

✓ Parent/Legal Guardian Signature: _____ Date: _____
(Sign here AFTER you read the information below)

General Information/Consent/Parental Agreement

In consideration of my child/children participation in SFDS CYO, I, the undersigned (parent or legal guardian only) certify that the information that I am providing is correct and:

I waive all claims for damages I may have against SFDS CYO, its PAR, Directors, Coaches and other Volunteers, for any and all injuries suffered by me or my child(ren);

I attest that my child(ren) is/are physically fit for participation in SFDS CYO;

I understand that it is my sole responsibility to inform my child/children's coach of any medical conditions or limitations (i.e., recent injury, asthma, etc.) that my child/children may have or develop;

I understand that I must have medical insurance and that in the event of injury I am required to file any insurance claims with my own insurance company/carrier, that SFDS CYO only provides secondary or supplemental insurance and the SFDS CYO does NOT make insurance payments (payments for injuries, deductibles, etc.);

I understand that SFDS CYO is an all volunteer organization and that I may have to volunteer in order for my child(ren) to participate in certain Programs;

I will ensure that my child/children and family will responsibly represent SFDS Parish and maintain high standards of sportsmanship and values;

I will commit to supporting the teams we play on and understand that if a child misses 2 or more game without informing the coach, that the player may be dropped from the team;

I understand that REGISTERD PARISH MEMBERS have priority in Program selection;

I understand that if any of the above information that I have provided changes that it is my sole responsibility to inform SFDS CYO of such in writing.

FEES: \$250 for 1 child; \$300 for 2 children, \$350 for 3 or more children. You can register and participate in as many activities as you want for the above fees. **Make checks payable to SFDS CYO** (your cancelled check is your receipt). Anyone who registers after June 24 will be required to pay a "Late fee" of \$25

Up to 4 children can be registered on 1 form. Add another form for 5 or more children.

(OVER)

2018-2019 REGISTRATION

- **PLEASE MARK (X)** for those sports you are interested in (you may register for as many programs as you want)
- Programs are listed by GRADE for database purposes only-you must comply with age requirements.
- Please complete fully. All information is CONFIDENTIAL and will not be shared outside of SFDS CYO.

NO PRE-K NO PRE-K NO PRE-K NO PRE-K

FAMILY NAME: _____ **# CHILDREN RESGISTERING** _____

	Grades	1 st Child	2 nd Child	3 rd Child	4 th Child
First name	X				
Grade (Sept 18)	X				
Gender (F/M)	X				
DOB	X				
School (SFDS or OTHER)	X				
Attend Religious Ed at SFDS	Y/N				
SOCCER					
FALL/SPRING Clinic	K				
FALL Girls and Boys CYO **	1-8				
BASKETBALL					
CLINIC- Girls and Boys	K-2				
Girls and Boys CYO*	3-8				
SWIMMING					
Developmental Program	1-2				
Girls and Boys CYO*	3-9				
TRACK					
X-Country	1-9				
VOLLEYBALL					
Girls CYO*	4-8				
Boys CYO*	8-9				
FLAG FOOTBALL (New)					
Boys	4-7				
CHEERLEADING					
	K-8				

* Tryout required (see Information Sheet)

** There may be limited space this year for CYO soccer so anyone who registers after June 24 may be ineligible to register for CYO soccer unless there is available roster space. Tryouts may also now be required for CYO Soccer if there are space issues.

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 For CYO USE

\$250.00 \$300.00 \$350.00 Check # _____ Received by _____