

Blessed Sacrament C.Y.O. Basketball Registration Form



**LIABILITY WAIVER:**

I understand that parish leaders will take all reasonable precautions to ensure a safe environment during this event for all youth and adult participants. I will not hold the Diocese of Springfield, my sponsoring parish/group, nor any of the parish coaches responsible in the event of any injury or accident to my son/daughter while participating in this experience.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CYO Roles and Responsibilities:**

I have read and understand the CYO Roles and Responsibilities Form.

Parent or  
Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF HEALTH:**

I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. (Please submit a statement in the space below indicating limitations and/or conditions of which we should be aware.)

\_\_\_\_\_  
\_\_\_\_\_

Parent or  
Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name (please print) \_\_\_\_\_

Family is registered at Blessed Sacrament Parish: **YES / NO Parish** \_\_\_\_\_

Child attends Blessed Sacrament School: **YES / NO**

Child played last year for Blessed Sacrament CYO: **YES / NO**

Please choose a shirt size: Adult XL \_\_\_\_\_ Adult L \_\_\_\_\_ Adult M \_\_\_\_\_ Adult S \_\_\_\_\_

**Fee: \$65.00 single child**

**Fee: \$95.00 per family**

**Amt paid:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date:** \_\_\_\_\_