

PAID \_\_\_\_\_

**CATHOLIC YOUTH ORGANIZATION**  
**A DIVISION OF CATHOLIC CHARITIES COMMUNITY SERVICES**  
**ARCHDIOCESE OF NEW YORK**  
**BASKETBALL REGISTRATION FORM**  
**2016-2017**

Name of Child: \_\_\_\_\_ Gender  M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_ - \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parish \_\_\_\_\_ Catholic  Yes  No

Child's Date of Birth \_\_\_\_\_

**Email for Correspondence** \_\_\_\_\_

**Parent/Guardian Information** My child cannot practice \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_ phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_ phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_ phone ( ) \_\_\_\_\_ - \_\_\_\_\_ I am

willing to coach  yes  no Assistant coach  yes  no

Fee: Travel-\$130.00 Intramural-\$100.00 Family- \$180.00

Please return form to: Michael Soltish, 7 Pearse Place, Beacon, N.Y. 12508

**This section to be completed by Parent/Guardian**

**AUTHORIZATION TO PARTICIPATE**

I hereby give consent for my child/children to participate in the activities in CYO Basketball. I understand that there is a risk of injury to my child/children as a participant in the CYO Basketball, and I hereby assume the risk of my child/children's participation in such activities. In consideration of the CYO's acceptance of my child/children in CYO Basketball, and to the extent permitted by law, I hereby agree to release and hold harmless the Archdiocese of New York, Catholic Charities of New York, the Archbishop of the Archdiocese of New York, Catholic Charities Community Services, CYO, its parents and affiliates, and their respective trustees, directors, officers, employees, servants, and volunteers from any and all responsibilities, liabilities, claims, and/or demands arising from my child/children's participation, specifically including any injury that may be due to negligence.

In the event that I cannot be reached in an emergency, I give permission to the physician selected by CYO Basketball to secure and administer treatment, including hospitalization, for all of the above named persons.

I also understand and agree to abide by any restrictions placed on me or my child/children's participation in CYO Basketball activities, and that I and/or my child/children will be dismissed from the program if we fail to abide by CYO Basketball program rules.

**Photo Authorization**

In hereby consent to the taking of photographs, movies, or videos of my child/children by CYO Basketball or its designated representatives in connection with any advertising. I also grant the rights to edit, use and reuse said products for any and all purposes selected by CYO Basketball and release any and all rights, title and interest we may have in such photographs, movies, or videotapes, finished pictures, reproductions, copies of negatives of the same in connection with such use.

Printed Name of Parent/Guardian \_\_\_\_\_ Signed \_\_\_\_\_ dated \_\_\_\_\_