



Saint Andrew
Catholic Youth Organization
 81 Swamp Road • Newtown, PA 18940
 (215) 968-2262

- _____ Basketball
- _____ Cheerleading
- _____ Soccer
- _____ Track
- _____ Other _____

PHOTOS MAY BE TAKEN AND USED IN
 PARISH PUBLICATIONS OR AS PART OF A PRESS RELEASE.

PLAYER'S NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SCHOOL GRADE (during season): _____

GIRL: _____ BOY: _____

MOTHER'S NAME: _____ EMAIL: _____

FATHER'S NAME: _____ EMAIL: _____

EMERGENCY NAME: _____

EMERGENCY TELEPHONE: _____

PARISHIONER OF THE CHURCH OF ST. ANDREW (circle) YES NO

SCHOOL: _____

DUE TO INSURANCE REASONS, ALL PLAYERS MUST BE A PARISHIONER OF THE CHURCH OF ST. ANDREW OR A STUDENT OF THE ST. ANDREW SCHOOL. THERE WILL BE NO EXCEPTIONS.

A player who participates in St. Andrew's CYO Sports program CANNOT participate at the same time in any other school's Sports Program (Catholic or Public School). This rule applies to ALL SPORTS associated with the CYO. A member who participates in the Parish CYO Grade School Program and any other school's Sport Program will cause the CYO Team to be eliminated from all competitions with all games forfeited. We ask for your cooperation in this very important matter.

APPROVAL:

I/we, the parents of the aforementioned candidate for a position on St. Andrew's CYO Sports team, hereby give my/our approval to participate in any and all CYO Sports activities. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless St. Andrew's CYO Sports, St. Andrew's Church and School, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or for other cause, except to the extent and in the amount covered by accident or liability insurance.

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize the CYO to send my child to a physician or hospital and authorize the necessary treatment. Medical data we should know: _____

PARENT'S SIGNATURE: _____

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FOR CYO USE ONLY

FEE THIS FORM _____ TOTAL FEE PAID _____ CHECK # _____ CASH _____

CYO REPRESENTATIVE _____ DATE: _____

PRIEST MODERATOR APPROVAL _____