

<p><b>CYO Sports Registration and Emergency Contact/Medical Information.</b></p>	
	<b>Sport</b>

Please Print Clearly

<b>Child's name:</b>		<b>Mothers full name:</b>	
<b>Street Address</b>		Work phone:	
<b>City, State &amp; Zip Code</b>		Cell phone:	
<b>Home Phone #</b>		E-Mail Address	
<b>Date of birth:</b>		<b>Fathers full name:</b>	
<b>Grade</b>		Work phone:	
<b>Today's Date:</b>		Cell phone:	
<b>Parish Name</b>		E-Mail Address	
<b>School child attends</b>		<b>Emergency contact:</b>	
<b>Registration Fee</b>		Home phone:	
<b>Payment (Check or Cash)</b>		Work phone:	
<b>Uniform Size (Circle One)</b>	YS YM YL AS AM AL AXL 2XL	Cell phone:	
<b>Family Doctor Name</b>		<b>Emergency contact:</b>	
<b>Doctor's Office Phone #</b>		Home phone:	
<b>Doctor's Emergency Phone #</b>		Work phone:	
		Cell phone:	

<b>Parent - Please read the statement below &amp; sign in box.</b>	<b>Signature &amp; Date</b>
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Waiver: I hereby give my permission for my child to participate on the Immaculate sport listed above and I will not hold its coaches or representatives liable for any injury that may occur during practice. Participation on a CYO sports team is a privilege. Team members are expected to be respectful and cooperatively in school and in their parish communities as well as in practices and games. Non-Christian behavior will be grounds for exclusion from participating in any CYO activities. By signing I fully understand IHM Service & Activity requirements & procedures. All contacts are also adults over the age of 21.

Please provide any necessary Medical Information below (eg: Medication, Medical Equipment)

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**\*\*\*\*CCD CLASSES ARE ON  
TUESDAYS FROM 630 TO 745 PM\*\*\*\***

*\*A new Emergency Contacts sheet must be submitted yearly, and every time information changes.*



Medical Conditions or Special