

## OUR LADY OF GOOD COUNSEL CYO – Sports Registration Form

Registration Date: \_\_\_\_\_ Sport: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town, State and Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Parish: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

I agree for my child to participate in the athletic activities of OLG C YO for the period from \_\_\_\_\_ to \_\_\_\_\_. It is understood that participation in such activities has an **inherent risk of injury** to my child. My family members, child and I release and hold harmless Our Lady of Good Counsel Parish, OLG C YO (including but not limited to: coaches and volunteers), and the Archdiocese of Philadelphia from any and all liability of injury to my child arising from participation in such activities.

**I give my full consent** for OLG C YO and any licensed medical professionals to administer whatever **emergency treatment** is necessary for my child in the event of an unforeseen injury or illness. I acknowledge that my child has **no known allergies or medical conditions** except as noted below (if none, please write "NONE"):

**(Allergies/Conditions:)** \_\_\_\_\_

### For Parent/Guardian of Public School/Home Schooled Children (Grades 1-8)

OLGC Parish requires that your child must be registered and must attend OLG C's PREP/CCD classes in order to participate in OLG C YO Sports.

Is your child registered for PREP/CCD?

Yes

No – Your child must be registered in OLG C's PREP/CCD program before he/she can participate in any OLG C YO Sports. Please contact Mariana Rossi at (215) 357-1300, ext. 107 to register your child. Your registration will be confirmed by Mariana Rossi.

I confirm that my child is covered by medical insurance and that the provision of such insurance is a requirement for my child's participation in OLG C YO Sports.

Dr.'s Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_ Group#: \_\_\_\_\_

Policy #: \_\_\_\_\_ Other Emergency #: \_\_\_\_\_

I have read, understand and agree to all of the above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEERS NEEDED – CYO welcomes all volunteers.** Please (✓) the area(s) where you can assist:

Board Member     Coach     Assistant Coach     Field Maintenance/Scorekeeping  
 Fund Raising     June Sports Banquet     Other: \_\_\_\_\_

### For CYO Representative Only

Registration Fee: \_\_\_\_\_ Check #: \_\_\_\_\_ Received by: \_\_\_\_\_