

# St. Charles CYO Registration

Child's Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Email(s): \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Age (as of sport): \_\_\_\_\_ Grade (as of sport) \_\_\_\_\_ Male / Female

Parish (circle one): St. Charles SEAS or Other (specify): \_\_\_\_\_

School: St. Charles or Other (specify): \_\_\_\_\_ If Other CCD/Prep: \_\_\_\_\_

---

Shirt Size: AXL AL AM AS YL YM YS

Short Size AXL AL AM AS YL YM YS

---

Parents Interested in coaching: Head Coach Assistant Coach

Attended Coaches Orientation: Yes No Background Checks Received: Yes No

---

A separate registration form must be completed for each player.  
Checks made payable to St. Charles CYO / one (1) check per sport / per family

**Registrations will be considered complete when form & full payment is received by the Registration coordinator.**

*As parent or guardian of the above named child, I agree to indemnify and hold harmless St. Charles Church, School and CYO; their Priests, Sisters, coaches, advisors or employees from and against all loss or expense (including costs & attorney's fees) by reason of liability imposed by law upon the Parish for damages cause of bodily injury, at any time incurred by the above named child while he or she is participating in CYO related activities or on account of damage to property including loss of use thereof arising out of or in consequence of the use of St. Charles Church, School or CYO facilities, whether such injuries to person or damage to property is due to or claimed to be due to the negligence in whole or in part of the organization, the St. Charles School or CYO, their Priests, Sisters, coaches, advisors or employees. The undersigned parent or guardian hereby acknowledges that her or she has or will provide appropriate Health and Accidental Medical Insurance to cover the above named child against any and all personal injuries sustained while a participant in any activity sponsored by the St. Charles CYO. Said parent is aware and acknowledges when there are enough players to host more than one team at the JV or Varsity level there will be a tryout and teams will be chosen by coaches, board members or other available volunteers.*

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

CYO USE: Initials: \_\_\_\_\_

Cash or Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Consents Received: Yes No Team: \_\_\_\_\_ Late: \_\_\_\_\_



# ARCHDIOCESE OF PHILADELPHIA

## Consent Form for Electronic Communication with Minors

Permission of the parent or guardian must be obtained, in writing, in order for an adult leader to communicate with minors via telephone, cell phone, text messaging, e-mail, social networks, or other **electronic means**.

**Parish:** St. Charles Borromeo

Parish Organization:      CYO     

Name of Participant:     

Address:     

City/Town, State and Zip Code:     

Home Phone:      Parent/guardian cell phone:     

Parent/guardian E-mail:     

*Please note: By providing the email address and cell phone number of a minor, the parent or guardian grants permission for electronic communication from the group leader to this young person in regards to all group related activities.*

Optional information:

Participant's e-mail:     

Participant's cell phone:     

Sharing of a minor's contact information: (If the following statement is not checked, the information will not be shared.)

     I give my permission for my child's email and cell phone number to be shared with other minors and adult leaders who are associated with the activity of this parish organization.

Name of Parent or Guardian       
(please print)

Signature of Parent or Guardian     

Date:

