

**Saint Elizabeth Roman Catholic Church**  
**Youth Ministry Team**  
**Athletic Ministry**  
**2007 – 2008 CYO Program Registration**

**Program Fee:** Basketball (please check one)  
\_\_\_\_\_ \$150 per child **OR** \_\_\_\_\_ \$125 if child attends Catholic school **OR** Elementary  
Religious Education Class (EREP) **OR** Saint Elizabeth Youth Group

**PLEASE PRINT CLEARLY**

**Date:** \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
(Last) (First)

**DOB** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Parish** \_\_\_\_\_

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

**Are you interested in:** Coaching Y\_\_\_ N\_\_\_ Asst Coaching Y\_\_\_ N\_\_\_ Team Parent Y\_\_\_ N\_\_\_

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In consideration of my child noted above in this application being allowed to participate in competitive sports, I do hereby release and forever discharge the Archdiocese of Philadelphia, Saint Elizabeth Catholic Church in Uwchlan, Chester County, PA, and/or members of the Catholic Youth Organization, and/or the coaching staff of St. Elizabeth Catholic Church from any actions or suits of law or equity which I might hereafter have by reason of injuries sustained by my child while participating in sports, or in transit to or from participation in sports.

\_\_\_\_\_  
Signature of Parent Date (over) \_\_\_\_\_

**DO NOT FILL OUT BELOW**

**Membership Fee Received** \_\_\_\_\_  
Date Amount Check # or Cash

**Uniform deposit Received** \_\_\_\_\_  
Date Amount Check #