

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

Program Fee: Track
_____ \$50 per child

PLEASE PRINT CLEARLY

Date: _____

Child's Name _____
(Last) (First)

DOB _____ male female

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___

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