



NORTHWEST INDIANA CYO REGISTRATION

(This form is valid from fall of _____ through summer of _____)



NAME _____ MALE _____ FEMALE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____ PHONE _____ CHURCH/RELIGION _____

SCHOOL ATTENDING _____ GRADE _____ SCHOOL PLAYING FOR _____ GRADE _____

SPORTS PLAYING (please circle all involved in) Cross Country Soccer Volleyball Basketball Cheerleading Track

In order to satisfy required statistical information for United Way, please indicate *ethnic and family financial* information.
(This information is held in the strictest confidence.)

African/American _____ Bi-Racial _____ Caucasion _____ Hispanic _____ American Indian/Alaskan _____ Asian/Pacific Islander _____ Other _____

Single Parent Family: Yes _____ No _____ Covered by Accident Insurance _____ Income: under \$15,000 _____; \$15,000 to \$30,000 _____; over \$30,000 _____

This form must be filled out, signed by parent/guardian and returned to child's coach or Athletic Director, who is then responsible for the return of this form to the CYO office. **Your child is not allowed to participate in practices or games until this form is on file at the CYO office.** Only one registration form is required for each school year. A copy of a current year Camp Lawrence physical is valid for the current year CYO sports season.

RELEASE AND WAIVER OF RESPONSIBILITY

Individuals participating in public school sports may not participate in comparable CYO sports. Therefore, I understand that my child may not participate simultaneously on a CYO and public school team. This excludes community league programs **but CYO games and practices must take precedent.** Failure to abide by this policy may result in removal of my child from the team.

I, hereby, (for myself, my heirs, executors and administrators) waive and release any and all rights and claims for all loss and/or damages I may have against the CYO, the above named church/school, the Diocese of Gary, the school, city or town in which an event is contested, their representatives, successors and assigns, for any and all injuries suffered by me in said event. I also give my permission for the free use of my child's name and/or picture in any broadcast, telecast, or other account of CYO events.

I give permission for my child's school to send a copy of my child's physical to the Diocese of Gary CYO Office if requested.

Printed name _____ Signature _____ Date _____
(Parent/Guardian) (Parent/Guardian)

CYO PHYSICAL EXAMINATION VOUCHER

(Valid _____ School Year – Fall of _____ thru Summer of _____)

Name _____ School child is playing for: _____
(Last) (First) (M)

Height _____ Weight _____ BP _____ / _____ Pulse _____ Date of Last Tetanus Shot _____

	NORMAL	ABNORMAL FINDINGS
HEART		
LUNGS		
SKIN		
HERNIA		
URINE		

I hereby certify that this athlete was examined by me. At this time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except: _____
(If none, please state 'NONE'.)

Physician _____ Date of exam _____
(Signature or stamp) (Must have current date to be valid)