

ST. WILLIAM ATHLETIC REGISTRATION FORM



Check only one (separate registration required for each activity)

- | | | |
|---|---|--|
| <input type="checkbox"/> CYO Football | <input type="checkbox"/> CYO Basketball | <input type="checkbox"/> CYO Baseball |
| <input type="checkbox"/> CYO Volleyball | <input type="checkbox"/> CYO Cheerleading | <input type="checkbox"/> Intramural Basketball |

ATHLETE'S SECTION

ATHLETE'S NAME: _____ BIRTHDATE: ___/___/___ GENDER: _____
 PARISH MEMBER OF: _____, SINCE _____ (mm/yy)
 SCHOOL ATTENDING: _____ GRADE: _____ -(when season starts)
 RELIGIOUS EDUCATION ENROLLED AT: _____ (parish or home school)
 RELIGIOUS EDUCATION CLASS DAY: Sun Mon Tues Wed Thurs Fri Sat, TIME: _____ (if known)
 PARISHED BAPTIZED AT OR RCIA TAKEN AT WAS: _____

HAS THE ATHLETE EVER SUFFERED FROM A CONCUSSION ? (circle) YES or NO

If YES, How MANY? _____ AND in what YEAR(S) did it/they occur? _____

PARENT/ GUARDIAN SECTION

To help run a program and make it fun for your players we need parental help. Please mark the box(es) you wish to help:

- | | | | |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> COACHING | <input type="checkbox"/> DOCTOR/NURSE/EMT | <input type="checkbox"/> TEAM MANAGER | <input type="checkbox"/> SPECIAL EVENTS & PUBLICITY |
| <input type="checkbox"/> PROGRAM | <input type="checkbox"/> BANQUET | <input type="checkbox"/> WEBSITE /BLOGGER | <input type="checkbox"/> UNIFORM/EQUIPMENT MANAGER |

#1) NAME OF PARENT/GUARDIAN: _____ RELATION: _____

Completed a Protecting Gods Children workshop: no, yes – certificate on file at: _____ Parish

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-Mail: _____

#2) NAME OF PARENT/GUARDIAN: _____ RELATION: _____

Completed a Protecting Gods Children workshop: no, yes – certificate on file at: _____ Parish

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-Mail: _____

Please read and check off the St William Dads' Club (SWDC) authorization/ commitment statements that apply:

- I hereby grant the Catholic Youth Organization of the Archdiocese of Detroit permission to use photos or videos of myself and/or child taken during a CYO Athletic/Agency event. In addition, I realize photos taken may be published on our Facebook pages, newsletters, websites, etc.
- I give the SWDC permission to use my child's name (indicated on this form) and/ or picture on the SWDC website and publications (i.e. programs, marketing tools, bulletin articles).
- Both my athlete and I have read the Participant Guide (available at www.saintwilliam.net).
- I understand that a current health appraisal and Assumption of Risk/Proof of Insurance is required to participate.

PARENT(S)/ GAUARDIAN(S') SIGNATURE: _____ DATE: _____

PARENT(S)/ GAUARDIAN(S') SIGNATURE: _____ DATE: _____

Athletic Department Use Only:

- | | |
|--|---|
| <input type="checkbox"/> Participants Guide Form | <input type="checkbox"/> Physical (must be dated after April 15 th & not more than a year old) |
| <input type="checkbox"/> CYO Assumption of Risk/ Insurance | <input type="checkbox"/> Fee- date paid _____, \$ _____, √# _____, Cash <input type="checkbox"/> |
| <input type="checkbox"/> Uniform Issued # _____ | <input type="checkbox"/> Practice Uniform Issued |
| <input type="checkbox"/> Uniformed Returned # _____ | <input type="checkbox"/> Practice Uniform Purchased, \$ _____, √# _____, Cash <input type="checkbox"/> |
| <input checked="" type="checkbox"/> CYO Concussion Awareness Form | REVISED: JAN 10, 2018 |