

**CATHOLIC YOUTH ORGANIZATION**  
**A DIVISION OF CATHOLIC CHARITIES COMMUNITY SERVICES**  
**ARCHDIOCESE OF NEW YORK**  
**BASKETBALL REGISTRATION 2017-2018**

PAID: CK# \_\_\_\_\_

Name of Child: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parish: \_\_\_\_\_ Catholic: Y \_\_\_\_\_ N \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Guardian Information:(List Primary Contact First)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
(Please print clearly)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
(Please print clearly)

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

My child cannot practice on the following nights: \_\_\_\_\_  
Requests (Cannot be guaranteed): \_\_\_\_\_

I am willing to coach Yes \_\_\_ No \_\_\_ Assistant Coach Yes \_\_\_ No \_\_\_

Fee: 1 Child \$100, 2 Children \$160, 3+ Children \$200, Clinic \$80

**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN**

**AUTHORIZATION TO PARTICIPATE**

I hereby give consent for my child/children to participate in the activities in CYO Basketball. I understand that there is risk of injury to my child/children as a participant in CYO Basketball, and I hereby assume the risk of my child/children's participation in such activities. In consideration of the CYO's acceptance of my child/children in CYO Basketball, and to the extent permitted by law, I hereby agree to release and hold harmless the Archdiocese of New York, Catholic Charities Community Services, Catholic Youth Organization, its parents and affiliates, and their respective trustees, directors, officers, employees, servants, and volunteers from any and all responsibility, liability, claims, and/or demands arising from my child/children's participation, specifically including and injury that may occur due to negligence.

In the event that I cannot be reached in an emergency, I give permission to the physician selected by CYO Basketball to secure and administer treatment, including hospitalization, for all of the above named persons.

I also understand and agree to abide by any restrictions placed on me or my child/children's participation in CYO Basketball activities, and that I and/or my child/children will be dismissed from the program if we fail to abide by CYO Basketball program rules.

**PHOTO AUTHORIZATION**

I hereby consent to the taking of photographs, movies, or videos, of my child/children by CYO Basketball or its designated representatives in connection with any advertising. I also grant the rights to edit, use, and reuse said products for any and all purpose selected by CYO Basketball and release any and all rights, title, and interest we may have in such photographs, movies, or videotapes, finished pictures, reproductions, copies of negative of the same in connection with such uses.

Print Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_