

2015-2016 CATHOLIC YOUTH ORGANIZATION ATHLETIC REGISTRATION



Sacred Heart Mustangs Boosters Club
1225 Cooper Ave.
Turlock, CA 95380



Application and Permission Form

Sport Season (CHOOSE ONLY ONE): Girl's Basketball Boy's Basketball Volleyball Cross Country

Athlete: _____ Birth Date: _____ Age @ 8/1/15: _____

School: _____ Grade: _____ Enrolled in CCD: Yes No

Parish: _____ Uniform Size: Shirt: _____ Shorts: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell #: _____ E-mail: _____

Father's Name: _____ Work/Cell #: _____

Mother's Name: _____ Work/Cell #: _____

Primary Physician: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____

EMERGENCY CONTACT: _____ **Phone/Cell #:** _____

(WE MUST HAVE EMERGENCY CONTACT COMPLETED)

- Player must be baptized Catholic and attend CCD (or) attend Sacred Heart School, Turlock. New players must submit a copy of their birth certificate & baptismal certificate with their initial application. _____ *Initials*
- Player is **not** permitted to practice with, or play for, any other organized team or league in the same sport while participating in CYO (other than his/her school team) unless written permission has been obtained from the CYO Diocese Commissioner. _____ *Initials*
- A Boosters' Club membership is activated with player participation and parents are encouraged to attend meetings. As representatives of Sacred Heart Mustangs Boosters Club, parents/guardians agree to be respectful and Christian in their demeanor towards everyone at all games. _____ *Initials*
- Parents/Guardians shall participate in fundraisers AND, volunteer, as needed, in running the snack bar, setting up the gym, assisting with score keeping and or clock management, line judging, and/or cleaning up the gym after home games. The coach of the respective team shall assign these duties. _____ *Initials*

PROGRAM FEE: \$90 per player per sport (includes team uniform to be returned at the end of the season)
MAKE CHECK PAYABLE TO: Sacred Heart Mustangs Boosters Club

****I, the parent/guardian of the above-named athlete, agree that I and the athlete will abide by all the rules established in the Diocese of Stockton CYO Athletic Guidelines. I hereby consent to any medical and/or dental treatment needed for the health and well-being of the above-named athlete as a result of participation in CYO sporting activities and authorize the Coach and/or Athletic Director to seek such treatment for the athlete including, if needed, transport by ambulance to the nearest medical facility. Recognizing the possibility of physical injury inherent in and associated with athletic activities, and in consideration of Sacred Heart Parish accepting the athlete for its program, I hereby release, discharge and/or otherwise indemnify and hold harmless the Diocese of Stockton, Sacred Heart Parish, Sacred Heart School, Sacred Heart Boosters' Club and its associated employees and/or volunteers, including coaches, against any claim by or on behalf of the athlete as a result of the athlete's participation in the program or being transported to or from the same, which transportation I hereby authorize.**

Signature of Parent or Guardian: _____ **Date:** _____