

**CYC  
T-Ball  
Registration Form**

**Child's Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Hospital in case of emergency:** \_\_\_\_\_

**Special Request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Waiver**

I, \_\_\_\_\_, the parent/guardian of the registrant, a minor, do agree and will abide by all the rules of the Catholic Youth Center (CYC). I recognize the possibility of physical injury associated with participating in CYC sponsored activities, and in consideration for the CYC providing these activities, do release the CYC and its staff members from all liability for any injuries sustained while on CYC property and/or participating in CYC activities.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

**Amount Paid:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff:** \_\_\_\_\_