

## ST. JUDE ELYRIA CYO – WINTER SPORTS 2015

### **STUDENT INFORMATION: (Please Print)**

***Eligibility: Children from 3<sup>rd</sup> through 8<sup>th</sup> grades***

**Player (one player per form, EACH player OR team sign-up requires a separate form):**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Parish \_\_\_\_\_ School \_\_\_\_\_ Attends PSR: Yes/No Eligibility Form \_\_\_\_\_

Last Physical Exam or Date Scheduled \_\_\_\_\_

**Registration deadline: October 28, 2014**

**Fee Enclosed: Basketball-Boys \$100 \_\_\_\_\_**

**Basketball-Girls \$100 \_\_\_\_\_**

**Cheerleading \$70 \_\_\_\_\_**

### **PARENTS' OR GUARDIANS' FULL NAMES: (Please Print)**

Mother \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### **PARENTS – PLEASE READ CAREFULLY:**

1. I am aware of the possibilities that my child could sustain an injury as the result of participation in this sport.
2. I desire to have my child participate in St. Jude parish sports program. I hereby accept all responsibility in the event she/he is injured and will not hold the parish of St. Jude, St. Jude Sports Committee or CYO accountable in any manner whatsoever, for the medical fees and liability, including hospital or doctor bills, regardless of the hospital my child is taken to. This also applies to the transportation to and from practices and scheduled games of the Parish, Sports Committee, and the CYO.
3. I, the undersigned, understand and accept the requirements my child must undertake to participate in St. Jude's CYO sports program. I am also aware of the risks involved in this activity and hereby grant my child permission to participate.
4. I understand that I may be required to complete a 2-hour concession/door service during the fall or winter seasons in support of the CYO program at St. Jude.

5. This form, along with a check for all fees, should be turned in through St. Jude School or mailed to:

**St. Jude Rectory**

**590 Poplar Street**

**Elyria, OH 44035**

**Attention and Payable to: St. Jude Sports Committee**

6. ***ALL STUDENTS ARE REQUIRED to turn in this form & payment to the St. Jude Sports Committee, regardless of home parish, before participation in any practice unless other arrangements have been made with the Sports Director.***

7. Checks returned for non-sufficient funds will be assessed a **\$30** charge.

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**INFORMATION - Athletic Director:** Jeff Rawson, (216) 559-5755; email: jeffreydrawson@yahoo.com

**Sport Director's use:**

**Payment Received: Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ ( Check # \_\_\_\_\_ or Cash: \_\_\_\_\_ ) Fam. Disc. \$ \_\_\_\_\_**

**Athlete/Parent Code of Conduct attached? Yes/no**

**Physical attached? Yes/no**