

OUR LADY OF GOOD COUNSEL CYO SPORTS -REGISTRATION FORM

<http://cyo.olgc.org>

Registration Date: _____ Sport: _____

Name: _____ Birth Date: _____

Address: _____

Town, State, Zip: _____

Phone: _____ Cell: _____

E-mail: _____ Parish: _____

School: _____ Grade: _____

I agree to my child's participation in the athletic activities of the OLGC CYO for the period from _____ to _____. It is understood that participation in such activities has an **inherent risk of injury** to my child. I, for myself, family members and child, release and hold harmless Our Lady of Good Counsel Parish, OLGC CYO (including but not limited to coaches and volunteers), and the Archdiocese of Philadelphia from any and all liability for injury to my child arising from participation in such activities.

I give my full consent to the OLGC CYO and any licensed medical professionals to administer whatever **emergency treatment** is necessary for my child in the event of an unforeseen injury or illness. I acknowledge that my child has **no known allergies or medical conditions** except as noted below (If "none", state "none"):

I confirm that my child is covered by medical insurance and that the provision of such insurance is a requirement for my child's participation in OLGC CYO athletic activities.

Doctor's Name/Phone #: _____

Name of Medical insurer: _____ Group # _____

Policy # _____ Other Emergency Phone #'s: _____

I have read, understand and agree to all of the above.

Parent/Guardian Signature: _____ Date: _____

Volunteers Needed: For a successful program, we need volunteer help. Please mark which area(s) you can assist:

() Board Member () Coach () Asst. Coach () Field Maintenance
() Fund Raising () Sports Banquet () Other

For CYO Representative only

Registration Fee: _____ Received by: _____

Proof of Age: _____