

St. Joseph Catholic Youth Organization Basketball Registration Form

In order to participate in the CYO program, per Diocesan Regulations, a student must meet one of the following Religious requirements:

- 1.) Parochial School - Be baptized Catholic, or non-Catholic attending either a parish, consolidated, or junior high Catholic school.
- 2.) Parish Religious Education Program - Only those participants who are baptized Catholics, registered at the parish and attending religious education classes are eligible to participate in the CYO program. In addition to this, the student's parents or legal guardian must be registered members of the parish in which the student attends classes.

Note: Non-Catholics attending Religious Education classes are not eligible to participate in the CYO Program.

Each participant must be covered by Accident Insurance. Children should be covered by their parents Family Accident Health Plan. In cases where parents do not have insurance, participants must enroll in their School Insurance Program.

Public School Students - Must take the public school 24-hour Protection Insurance Program.

Catholic School Students - Must take the School Time/Activity Options.

BOYS BASKETBALL

CHEERLEADING

GIRLS BASKETBALL

Student Name: Age: Birth Date:

Mailing Address:

(Street)

(City, State, Zip)

Parish: Grade: School Attending:

Number of Years in CYO Program: (Prior to this year)

Parent's / Guardian Names:

Phone #: Email Address:

Emergency Contact Person:

Emergency Contact Phone:

REQUIRED VOLUNTEER ACTIVITY, please select one.

Cheerleading Moderator

Coach / Assist Coach

Equipment / Concessions

Team Parent

DSH Events

Tournaments / Year End Banquet

BOY GIRL

Novice II (D, 1st & 2nd grade)

Novice I (C, 3rd & 4th grade)

Junior Varsity (B, 5th & 6th grade)

Varsity (A, 7th & 8th grade)

Registration Fee: 1 Child - \$40 2 or more children - \$50.00 (Make check payable to St. Joseph CYO)

Check one:

My son/daughter is covered on my personal Accident & Health Insurance Plan. He/She does not require school insurance coverage.

My son/daughter is NOT covered on my personal Accident & Health Insurance Plan but attends Catholic School and is covered by the School Time / Activity Plan.

My son/daughter is NOT covered on my personal Accident & Health Insurance Plan but attends Public School & is covered by the 24 Hour Protection Program.

I/We permit our son/daughter to participate in the CYO Program and agree to hold harmless St. Joseph Parish, St. Joseph Booster Club and the Danville State Hospital from all claims of injury resulting from an accident while participating in the CYO Program.

Parent/Guardian Signature: _____

Please print and sign