

ST. ALPHONSUS CYO
2008 Boys Baseball and Girls Softball
Boys -- Grades 3 through 8 //// Girls—Grades 4 through 8

CHILD'S NAME: _____ DATE OF BIRTH: _____

Program Boys / Girls (CIRCLE ONE) **GRADE** 3 4 5 6 7 8 (CIRCLE ONE)

STREET ADDRESS: _____

POST OFFICE: _____ ZIP: _____ TOWNSHIP: _____

SCHOOL: _____ GRADE: _____ PARISH: _____

FATHER'S NAME: _____ TELEPHONE (HOME): _____

TELEPHONE (CELL): _____

E: MAIL: _____

MOTHER'S NAME: _____ TELEPHONE (HOME): _____

TELEPHONE (CELL): _____

E-MAIL: _____

_____ WOULD LIKE TO BE CONSIDERED AS A COACH

_____ WOULD LIKE TO VOLUNTEER TO HELP THE TEAM

IN ORDER TO HELP US LEVEL THE TEAMS, PLEASE LET US KNOW IF YOUR CHILD WILL BE PLAYING ON ANOTHER TEAM OR ANOTHER SPORT, OR IF THERE IS ANY OTHER POTENTIAL (SEMI REGULAR) CONFLICTING ACTIVITY. THANKS.

MEDICAL AUTHORITY AND HEALTH INSURANCE INFORMATION

MY SON / DAUGHTER _____ HAS MY PERMISSION TO PARTICIPATE IN THE SPORTS PROGRAMS CONDUCTED BY ST. ALPHONSUS CYO. MY SON/DAUGHTER IS PHYSICALLY FIT TO PARTICIPATE IN THE SPORTS PROGRAMS AND I AGREE TO RETURN ANY ISSUED EQUIPMENT AT THE END OF THE SEASON.

IN CASE OF MEDICAL EMERGENCY AND WHERE I CANNOT BE REACHED IN ADVANCE, I GIVE PERMISSION TO THE PHYSICIANS SELECTED BY THE OFFICERS, DIRECTORS, MANAGERS, COACHES AND/OR AGENTS OF THE CYO TO SECURE PROPER MEDICAL TREATMENT FOR MY CHILD. I CERTIFY THAT MY CHILD IS COVERED UNDER THE FOLLOWING HEALTH INSURANCE COVERAGE:

INSURANCE COMPANY: _____ GROUP NUMBER: _____

PARENT SIGNATURE: _____ DATE: _____

REGISTRATION FEE: \$60 -- PLEASE SEND CASH OR A CHECK PAYABLE TO ST. ALPHONSUS CYO

DEADLINE FOR REGISTRATION: FEBRUARY 15, 2008

ALL REGISTRATION FORMS SHOULD BE RETURNED TO

MAIL
CYO SPORTS – C/O JOE BEBEY
1840 WEBSTER LANE
AMBLER, PA 19002

OR DELIVER TO SCHOOL
ATTENTION: CYO BASEBALL/SOFTBALL
REGISTRATION

YOU CAN ALSO E-MAIL US AT CYOSPORTS@STALPHONSUS.COM