NORTHWEST INDIANA CYO REGISTRATION

(This form is valid for twelve (12) months from date.)

NAME_____**MALE**_____**FEMALE**_____

ADDRESS_____**CITY**_____**STATE**_____**ZIP**_____

DATE OF BIRTH_____ **AGE** _____ **PHONE**_____ **SCHOOL ATTENDING**_____

GRADE_____ **SCHOOL PLAYING FOR**_____**GRADE**_____ **CHURCH/RELIGION**_____

RELIGIOUS EDUCATION/FAITH FORMATION ATTENDING IF DIFFERENT FROM SCHOOL PLAYING FOR_____

In order to satisfy *required statistical information* for grant approval, please indicate *ethnicity*.
African/American_____**Multi-Racial**_____**Caucasion**_____**Hispanic/Latino**_____ **Other**_____

SPORTS PLAYING (please circle all involved in) **Cross Country** **Soccer** **Volleyball** **Basketball** **Cheerleading** **Track**

This form must be filled out, signed by parent/guardian and returned to child's coach or Athletic Director, who is then responsible for the return of this form to the CYO office. ***Your child is not allowed to participate in practices or games until this form is on file at the CYO office.*** Only one registration form is required for each school year. A copy of a current year Camp Lawrence physical is valid for the current year CYO sports season.

RELEASE AND WAIVER OF RESPONSIBILITY

Individuals participating in public school sports may not participate in comparable CYO sports. Therefore, if an athlete makes their public school team, they are not eligible for the CYO team at any time during the season. Failure to abide by this policy may result in removal of my child from the team and the team's forfeiture of the season.

I, hereby, (for myself, my heirs, executors and administrators) waive and release any and all rights and claims for all loss and/or damages I may have against the CYO, the above named church/school, the Diocese of Gary, the school, city or town in which an event is contested, their representatives, successors and assigns, for any and all injuries suffered by me in said event. I also give my permission for the free use of my child's name and/or picture in any broadcast, telecast, or other account of CYO events.

I give permission for my child's school to send a copy of my child's physical to the Diocese of Gary CYO Office if requested.

Printed name_____**Signature**_____**Date**_____
(Parent/Guardian) **(Parent/Guardian)**

CYO PHYSICAL EXAMINATION VOUCHER

(Valid for twelve (12) months from physician's date)

Name_____ School child is playing for: _____
(Last) (First) (M)

Height _____ Weight _____ BP____/____ Pulse _____ Date of Last Tetanus Shot _____

	NORMAL	ABNORMAL FINDINGS
HEART		
LUNGS		
SKIN		
HERNIA		
URINE		

I hereby certify that this athlete was examined by me. At this time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except: _____
_____(If none, please state 'NONE'.)

Physician _____**Date of exam** _____
(Signature or stamp) **(Must have current date to be valid)**