

2017 Season

ANNUNCIATION CYO

CROSS COUNTRY REGISTRATION AGREEMENT

ATHLETE'S NAME: _____ DOB: _____

GRADE @ ANNUNCIATION: _____ If not, ENROLLED IN CCD? Y N

I ALREADY HAVE THE UNIFORM JERSEY _____, "NEW" PRACTICE T-SHIRT SIZE: _____

"NEW" UNIFORM JERSEY SIZE: _____ PRACTICE T-SHIRT SIZE: _____

FATHER'S NAME: _____ CELL PHONE: _____

MOTHER'S NAME: _____ CELL PHONE: _____

ATHLETE'S ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE NUMBER: _____

EMAIL(S) _____

PRIMARY PHYSICIAN: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

*I, the parent/guardian of the athlete, agree that, I and the athlete, will abide by all the rules established in the Diocese of Stockton CYO Athletic Guidelines. Recognizing the possibility of physical injury associated with basketball and in consideration for Annunciation CYO accepting the athlete for its programs, I hereby release, discharge and/or otherwise Indemnify the Diocese of Stockton and Annunciation CYO and associated volunteers, including coaches, against any claim by or on behalf of the athlete as a result of the athlete's participation in the program or being transported to or from the same, which transportation I hereby authorize. _____ Initials

*As the parent or legal guardian of the above named athlete, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent. _____ Initials

**As the Parent or legal guardian, I understand participation is Mandatory (AND APPRECIATED!), for at least ONE MEET. Please ask Coach Mike Mulvihill _____ Initials*

If you should have any questions regarding the information above, please feel free to contact Coach Mulvihill @ 209-815-0917 or mmulvihill32@gmail.com

As a Parent or legal guardian, I have read and understand and agree to all the statements listed above. _____ Initials

Registration fees (includes practice jersey): "Returning Runners" \$65.00 per player; "New Runners" \$80.00 per player, \$75.00 each for each sibling. Make checks payable to Annunciation CYO, drop off form and payment at the Parish House 425 W. Magnolia Street or mail to the Parish House.

Signature of Parent or Guardian: _____ Date: _____

FEE PD: _____ CHECK # _____ BAPTISM CERT: _____ BIRTH CERT: _____

ADDITIONAL PLAYERS PAID W/ THIS CHECK: _____ NAME: _____ GRADE: _____