

ASSUMPTION BVM CYO 2018 HIGH SCHOOL CO-ED VOLLEYBALL REGISTRATION

Please make all checks or money orders payable to: **ASSUMPTION BVM CYO**

Registered Member of ABVM Parish: Yes or No

PLAYER(S)		DOB	GRADE 9-12 ONLY	SEX		Shirt Sizes
Last Name	First Name			M	F	
				M	F	
				M	F	
				M	F	

Parent/Guardian Name: (Print) _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

School (Player 1): _____ **School (Player 2):** _____

School (Player 3): _____

Phone: _____ **Email:** _____

Health Concerns (Player 1 2or 3): _____
(Add to back if necessary)

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Payment/Receipt: (To Be Fill in by C.Y.O. Coordinator)

# of Players	1 Player	2 Players	3 Players	PAID	
	\$90.00	\$175.00	\$250.00	YES	NO

Cash: \$ _____ Check: # _____ Check: \$ _____ (Cancelled Check is your receipt)

Check Post Date for: _____, 2018 Paypal/CC: _____ Ref. Code: _____

Approved by: _____ Date: _____

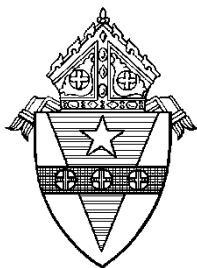
Approved, but no payment: _____ Comment: _____

Parent Commitment:

I recognize and assume responsibility for all risks and hazards incidental to my child's participation in the program including transportation to and from games and other activities.

I hereby waive, release, absolve, indemnify and agree to hold harmless the Archdiocese of Philadelphia, Assumption BVM C.Y.O., Assumption BVM Parish, and the organizers, sponsors, adult supervisors, participants and persons transporting my child to and from ball games and related activities, for and claims arising out of and injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident liability insurance.

Signature of Parent or Guardian: _____ **Date:** _____



ARCHDIOCESE OF PHILADELPHIA

Consent Form: Posting Pictures/Videos of Minors

Parish Organization: _____

Parish: _____

In order to protect the privacy of youth, permission must also be obtained, in writing, from the parent or guardian before sharing/posting pictures or videos of minors. (Please check the one which applies)

_____ I give my permission for my child's picture, with name, to be posted on a website or social network page associated with this parish organization.

_____ I give my permission for my child's picture, without name, to be posted on a website or social network page associated with this parish organization.

_____ I do not give permission for my child's picture to be posted on a website or social network page.

Name of Child

Name of Parent/Guardian - please print

(Date)

Signature of Parent/Guardian