

**ASSUMPTION BVM CYO 2017 BASKETBALL 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 4-12 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	
	\$170.00	\$270.00	\$345.00	YES	NO

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

Check Post Date for: \_\_\_\_\_, 2017 Paypal/CC: \_\_\_\_\_ Ref. Code: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved, but no payment: \_\_\_\_\_ Comment: \_\_\_\_\_

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We are always in need of volunteers and we ask parents to help our CYO program by volunteering during your child's sport season. Typical volunteer opportunities include but are not limited to: Coaching, Assistant Coaching, Snack Stand, Running the Clock, Scorekeeping (ie: doing the book), Team Mom / Dad and many more. Instructions for obtaining the required clearances can be found at <http://www.abvm-cyo.org/coachescoordinators.htm>.

Note that the **Volunteer Fee of \$45.00 is automatically included** in the cost of registering. Should you volunteer AND obtain the necessary clearances, the volunteer fee will be returned to you at the end of the season. Note also that each person that volunteers will only receive their money back if they have obtained the required clearances.

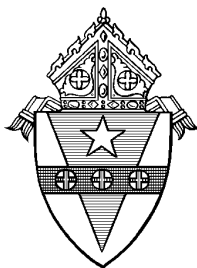
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Parent Commitment:  
I recognize and assume responsibility for all risks and hazards incidental to my child's participation in the program including transportation to and from games and other activities.

Thereby 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.

I also recognize that the provided uniform is not my property and should be returned in the same condition as it was received at the end of the season. I am responsible for the replacement cost (\$75). I understand that Varsity and JV players require a \$75 (deposit) check that will be returned to me when I hand in the uniform at the end of the season.

**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