

ST. WILLIAM ATHLETIC REGISTRATION FORM



Check only one (separate registration required for each activity)

- | | | |
|--|--|--|
| <input type="checkbox"/> CYO Football | <input type="checkbox"/> CYO Basketball | <input type="checkbox"/> CYO Baseball |
| <input type="checkbox"/> CYO Volleyball | <input type="checkbox"/> CYO Cheerleading (Winter) | <input type="checkbox"/> |
| <input type="checkbox"/> CYO Cheerleading (Fall) | <input type="checkbox"/> CYO Bowling | <input type="checkbox"/> Intramural Basketball |

ATHLETE'S SECTION

ATHLETE'S NAME: _____ BIRTHDATE: ___/___/___ GENDER: _____
 PARISH MEMBER OF: _____, SINCE _____ (mm/yy)
 SCHOOL ATTENDING: _____ GRADE: _____-(when season starts)
 RELIGIOUS EDUCATION ENROLLED AT: _____ (parish or home school)
 RELIGIOUS EDUCATION DAY: Sun Mon Tues Wed Thurs Fri Sat, TIME: _____ (if known)
 PARISHED BAPTIZED AT OR RCIA TAKEN AT WAS: _____

PARENT/ GUARDIAN SECTION

To make this a well run program and fun for your children we will need parental help. Please mark the box or boxes below where you wish to help:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> COACHING | <input type="checkbox"/> DOCTOR/NURSE/EMT | <input type="checkbox"/> SPECIAL EVENTS & PUBLICITY |
| <input type="checkbox"/> PROGRAM | <input type="checkbox"/> BANQUET | <input type="checkbox"/> UNIFORM/EQUIPMENT MANAGER |
| <input type="checkbox"/> Team Manager | <input type="checkbox"/> WEBSITE BLOGGER | <input type="checkbox"/> |

#1) NAME OF PARENT/GUARDIAN: _____ RELATION: _____
 Completed a Protecting Gods Children workshop: no, yes – certificate on file at: _____ Parish
 ADDRESS: _____ CITY: _____ ZIP: _____
 HOME PHONE: _____ CELL PHONE: _____
 E-Mail: _____

#2) NAME OF PARENT/GUARDIAN: _____ RELATION: _____
 Completed a Protecting Gods Children workshop: no, yes – certificate on file at: _____ Parish
 ADDRESS: _____ CITY: _____ ZIP: _____
 HOME PHONE: _____ CELL PHONE: _____
 E-Mail: _____

Please read and check off the St William Dads' Club (SWDC) authorization/ commitment statements that apply:

- I give the SWDC permission to use my child's name (indicated on this form) and/ or picture on the SWDC website and publications (i.e. programs, marketing tools, bulletin articles).
- I understand that both my athlete and I must read the Participant Guide (available at www.saintwilliam.net) and sign the acceptance form
- I understand that a current health appraisal and Assumption of Risk/Proof of Insurance is required to participate.

PARENT(S)/ GAUARDIAN(S') SIGNATURE: _____ DATE: _____

PARENT(S)/ GAUARDIAN(S') SIGNATURE: _____ DATE: _____

Athletic Department Use Only:

- | | |
|--|---|
| <input type="checkbox"/> Athletic Participants Guide Form | <input type="checkbox"/> Physical (must be dated after April 15 th & not more than a year old) |
| <input type="checkbox"/> CYO Assumption of Risk/ Insurance | <input type="checkbox"/> Fee- date paid _____, \$_____, √# _____, Cash <input type="checkbox"/> |
| <input type="checkbox"/> Uniform Issued # _____ | <input type="checkbox"/> Practice Uniform Issued |
| <input type="checkbox"/> Uniformed Returned # _____ | <input type="checkbox"/> Practice Uniform Purchased, \$_____, √# _____, Cash <input type="checkbox"/> |

Revised Feb 9,2011