

ASSUMPTION BVM CYO 2017 SOCCER 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 K – 8 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)

K-2nd Grades: \$75 (1 Child); \$125 (2 Children); \$150 (3 Children)
Grades 3-8: \$120.00 (1 Child); \$215 (2 Children); \$310 (3 Children)

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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Yes, I had played or coached Soccer **No, I have not played or coached Soccer**

Volunteers: We ask parent(s) to help our CYO Program by volunteering during your child’s sport season. If you not able to volunteer, then there is a deposit Fee of \$45.00 pay separately from the Sport Fee. The deposit check will be returned at the end of season if the parent(s) help. All volunteers who have not done clearances would need to do so. Instructions are at <http://www.abvm-cyo.org/coachescoordinators.htm>.

Anyone who wants to coach, will receive a 50% discount. You will still pay the full price at registration; however, coaches will receive a refund by the end of October.

Any questions, please contact Katie Moser at (215) 896-4585 or cjmfamily03@gmail.com

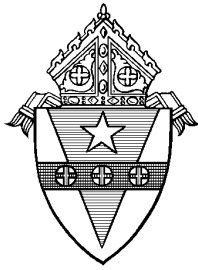
To Mail the Registration with Payment (No Cash):

Assumption BVM CYO c/o Katie Moser 4619 Magnolia Ave., Treose, PA 19053.

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As a parent or guardian of the above named child, I agree to indemnify and hold harmless Assumption BVM parish, Assumption BVM CYO, their Priests, Sisters, Coaches, Advisors or employees from and against all loss or expense (including costs and attorney’s fees) by reason of liability imposed by law upon the parish for damages because of bodily injury, at any time, incurred by the above named child while he/she is participating in CYO, related activities or on account of damage to property including loss of use thereof arising out of or in consequence of the use of Assumption BVM Church, School or CYO facilities, whether such injuries to persons or damage to property is due to or claimed to be due to the negligence in whole or in part of the organization, Assumption BVM parish or CYO, their Priests, Sisters, Coaches, Advisors or employees. The undersigned parent or guardian hereby acknowledges that he/she has or will provide appropriate health and accident medical insurance to cover the above named child against any and all personal injuries sustained while a participant in any activity sponsored by Assumption BVM CYO.

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