

**OUR LADY OF GOOD COUNSEL CYO – Sports Registration Form**  
<http://cyo.olgc.org>

Registration Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Town, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Parish: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I agree for my child to participate in the athletic activities of OLGC CYO for the period from \_\_\_\_\_ to \_\_\_\_\_. It is understood that participation in such activities has an **inherent risk of injury** to my child. My family members, child and I release and hold harmless Our Lady of Good Counsel Parish, OLGC CYO (including but not limited to: coaches and volunteers), and the Archdiocese of Philadelphia from any and all liability of injury to my child arising from participation in such activities.

**I give my full consent** for OLGC CYO and any licensed medical professionals to administer whatever **emergency treatment** is necessary for my child in the event of an unforeseen injury or illness. I acknowledge that my child has **no known allergies or medical conditions** except as noted below (if none, please write "NONE"):

**(Allergies/Conditions):** \_\_\_\_\_

**For Parent/Guardian of Public School/Home Schooled Children (Grades 1-8)**

OLGC Parish requires that your child must be registered and must attend OLGC's PREP/CCD classes in order to participate in OLGC CYO Sports.

Is your child registered for PREP/CCD?

Yes

No – Your child must be registered in OLGC's PREP/CCD program before he/she can participate in any OLGC CYO Sports. Please contact Mariana Rossi at (215) 357-1300, ext. 107 to register your child. Your registration will be confirmed by Mariana Rossi.

I confirm that my child is covered by medical insurance and that the provision of such insurance is a requirement for my child's participation in OLGC CYO Sports.

Dr.'s Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_ Group#: \_\_\_\_\_

Policy #: \_\_\_\_\_ Other Emergency #: \_\_\_\_\_

I have read, understand and agree to all of the above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEERS NEEDED – CYO welcomes all volunteers.** Please (✓) the area(s) where you can assist:

Board Member     Coach     Assistant Coach     Field Maintenance/Scorekeeping

Fund Raising     June Sports Banquet     Other: \_\_\_\_\_

**For CYO Representative Only**

Registration Fee: \_\_\_\_\_ Check #: \_\_\_\_\_ Received by: \_\_\_\_\_