

**QUEEN OF PEACE CYO FALL SPORTS REGISTRATION FORM**  
**Spring 2018**

**Please complete all items. Information will be used for official rosters submitted to Regional Commissioners and the Archdiocese of Philadelphia.**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**FATHER/GUARDIAN:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**MOTHER/GUARDIAN:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS (OF PARENT/GUARDIAN):** \_\_\_\_\_

**ARE THERE ANY KNOWN MEDICAL PROBLEMS:** \_\_\_\_\_

**Shirt Size :**

**PROGRAM:** \_\_\_ Volleyball \$75

\_\_\_ Cross Country \$50

\_\_\_ CASH                      CHECK # \_\_\_\_\_ (make payable to Queen of Peace CYO)

My son/daughter, \_\_\_\_\_, has my permission to participate in this sport program conducted by the Queen of Peace CYO Athletic Ministry. I/We certify that my son/daughter is physically fit to participate in this sport.

I/We agree that Queen of Peace CYO Athletic Ministry, managers, and coaches will not be responsible for any personal injuries suffered by my/our child in the program, including transportation to and from the activities and hereby waive all claims related to such personal injury. I/We agree to fully indemnify and hold harmless the ministry, managers and coaches from and against any loss, liability, damage, costs and expense that may be incurred or sustained relating to any personal injury.

Uniform Policy: Unless otherwise stated, all uniform items are the property of Queen of Peace CYO. All items must be returned at the end of the season. Parents may be held financially responsible for items not returned.

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_

All forms and payments can be dropped at Rectory or mailed to Ryan O'Hara 316 Logan Ave  
Glenside, PA 19038