

# ST. BERNADETTE CYO 2010 CROSS COUNTRY REGISTRATION

3<sup>rd</sup> thru 8<sup>th</sup> Grade – use this form – one per child

**Forms are due by Sept 17, 2010**

<b>Participant's Name:</b> _____ <small>First Last</small>	<b>Grade this school year:</b> _____ <b>M or F:</b> _____
<b>Date of Birth:</b> _____	<b>School Attending:</b> _____ <b>Home Parish:</b> _____
<b>Parent 1:</b> _____	<b>Parent 2:</b> _____ <b>Home Phone:</b> _____
<b>Mailing Address:</b> _____ <small>Street City State Zip</small>	<b>Cell Phone:</b> _____
<b>Email Address:</b> _____ <small>Address you want CYO Emails to reach</small>	<b>2<sup>nd</sup> Email:</b> _____ <small>Only if you want CYO emails to also go here</small>
<b>Emergency Contact:</b> _____ <small>Contact person if parents cannot be reached</small>	<b>Phone:</b> _____

**You will also need to register your child at [www.washcyo.com](http://www.washcyo.com) for the 2010 school year.**

**You must update your child's grade and spectator behavior agreement. This is required for all 1<sup>st</sup> – 8<sup>th</sup> graders once per year.**

*Eligibility: Children must either attend St. Bernadette Elementary School or be a registered parishioner of St. B's Parish.*

*For exemptions please contact us at [stbernadettecyo@gmail.com](mailto:stbernadettecyo@gmail.com).*

The CYO program has my permission to use sports related pictures of my child on its website (ex. Team photos)  
*(optional)* \_\_\_\_\_

Parent Guardian Custodian Signature

Date

Please add my email address to the St. Bernadette Youth Ministry Notifications YES  NO

The parent, guardian, or custodian by executing this registration for and on behalf of the named participant represents and warrants that they are unaware of any physical or mental impediment that would or could cause injury or harm to the participant or to others by the said participant's participation in the activities of the Catholic Youth Organization (CYO). Due to the strenuous nature of some activities, the parent, guardian, or custodian is urged to consult a physician concerning the fitness of the participant to engage in CYO activities prior to executing this registration. Since all activities present certain inherent and/or inadvertent risks and hazards, known and acknowledged by the undersigned, they, parent, guardian, or custodian, by their execution hereof, approve the participant's participation and assume all liability incident to the said minor's participation, except that liability, which is imposed by law, on the Catholic Archdiocese of Washington, the Catholic Youth Organization, their employees, agents or volunteers.

*(necessary for all to sign)* \_\_\_\_\_

Parent Guardian Custodian Signature

Date

<b>Are you interested in coaching?</b> _____ <i>This indicates interest, not final consent</i>	<b>Is this person VIRTUS trained and fingerprinted with ADW?:</b> _____
<b>Name of individual interested in coaching:</b> _____	
<b>Email address of prospective coach:</b> _____	
Grade: _____	Gender: _____
Head or Asst: _____	

**REMEMBER TO INFORM COMMISSIONERS AND/OR COACHES ABOUT ANY MEDICAL CONDITIONS!!**

<i>Fees:</i>	<b>3<sup>rd</sup> – 8<sup>th</sup> Grade</b>	<b>\$30</b>
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Please submit this form (one for each child) and add one check, cash or money order for all children to **St. Bernadette CYO**.

Send form(s) with payment in an envelope through school marked **CYO Registration** OR mail to:

**Jennifer Herlihy, CYO Registrar, 229 Whitmoor Terrace, Silver Spring, MD 20901**

**Registration questions can be answered at [mikeherlihy@verizon.net](mailto:mikeherlihy@verizon.net)**

You will receive e-mail confirmation upon receipt of payment and team assignment near start of season \_\_\_\_\_

*For St. Bernadette CYO Use – Do not complete area below*

Paid Check #/M.O. #/cash \_\_\_\_\_ Check /M.O. Total \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Collected by \_\_\_\_\_