

# Participant Registration Information

Region \_\_\_\_\_  
League: 3-4 [ ] 5-6 [ ] 7-8 [ ]

**CYO FOOTBALL**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Gender: Male [ ] Female [ ] Birthdate: M \_\_\_ / D \_\_\_ / Yr \_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent Guardian: Name \_\_\_\_\_ Address if different from above: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Work \_\_\_\_\_ Mother's Work \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Parish (Member of) \_\_\_\_\_ School Attending \_\_\_\_\_ CYO Club Sponsoring \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Hospital \_\_\_\_\_

**Current Emergency Medical Information:** Please make the following notations on my son/daughter's records:

Allergies to medications: \_\_\_\_\_

Medications for long-term illness (indicate illness and medications) \_\_\_\_\_

(Relevant medical information e.g., contact lens wearer, history of family diabetes, epilepsy, heart murmur)

I as the parent or guardian of the participant above recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that club personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance and I will pay for such services.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Legal Guardian**

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**Athletic Participant**

**Mail to:**  
CYO Football Registration  
825 NE 20th Ave. Suite 120  
Portland, OR 97232



**Registration will be \$250.00.** Send \$50.00 non-refundable deposit or full payment to address shown above.

**Payment method:** Check Enclosed [ ] VISA [ ] Mastercard [ ] Discover Card [ ]

Credit Card # \_\_\_\_\_ CVV Code: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_ Signature **X** \_\_\_\_\_

Credit charges must pay in full at time of registration.

*All Signatures must be filled out or form will be returned.*

**White CYO**

**Yellow - Coach**

**Pink- Parent**

Rev Feb 07