



Sacred Heart Parish CYO Sports Program AND
 Sacred Heart Mustangs Boosters Club
 1301 Cooper Ave
 Turlock CA 95380
 CYO website: www.stocktoncyo.com

Payment Info:

Check

Cash

Date Rcvd: _____

APPLICATION AND PERMISSION FORM

Sport Playing (CIRCLE ONLY ONE): Girl's Basketball * Boy's Basketball * Volleyball
 Player's Name: _____ Grade: _____ M F
 Birth Date: ___/___/___ School: _____ Attending CCD: Yes No
 Street Address: _____ City: _____ Zip: _____
 Home Phone #: _____ Parish Name: _____
 Father's Name: _____ Work/Cell #: _____
 Mother's Name: _____ Work/Cell #: _____
 Parent's Email: _____
 Emergency Contact: _____ Phone #: _____
 Doctor's Name: _____ Doctor's Phone #: _____
 Insurance Carrier: _____ Policy #: _____

PLEASE READ INSTRUCTIONS & REQUIREMENTS

- Player must be baptized Catholic AND attend CCD or player must attend Sacred Heart School and submit a copy of Birth certificate & Baptismal certificate with this application (New players only).
- The Boosters' Club membership is activated with player participation and parents are welcome and encouraged to attend meetings.
- Player is not permitted to practice with, or play for, any other organized team or league, in the same sport, while participating in CYO (other than his/her school team) unless written permission has been obtained from the CYO Diocese Commissioner.
- Parents/Guardians shall participate in fundraisers AND during home games by helping run the snack bar, setting up the gym, running the clock/scoreboard and cleaning up. The coach of the respective team shall assign these duties.
- Parents/Guardians agree to be respectful and Christian in their demeanor towards everyone at all games as representatives of Sacred Heart Parish.
- Annual program fee is \$90 per player per sport, which includes uniforms each player will keep.
Please specify: Jersey size _____ Shorts size _____
- Make check payable to: Sacred Heart Mustangs Boosters' Club.

I hereby give permission for my child, _____, to participate in the Sacred Heart Parish CYO sports program. I understand that the Athletic Director has a copy of the Diocese CYO Bylaws and rules which I agree to follow in their entirety to avoid possible violations for the player and/or team. I also give permission to the Sacred Heart Parish CYO sports program Coach or Athletic Director to authorize treatment for my child at the nearest medical facility and if needed, to be transported by ambulance to that facility, if I am not present and my child is injured.

Parent's Signature: _____ Date: ___/___/___