



We are COMMITTED to CHRIST and to this game.
 We will run STRONG and play HARD.
 Who will join us?

2010-11 St. Michael's Girls Basketball

Registration Information—Please print clearly and completely fill out both sides

Fees:
 \$90-1st child \$80-2nd Child \$70-3rd Child
 Fee discounts are for children in the same household.

Deadline: August 9, 2010
 \$15.00 late fee per applicant after deadline

Coaches will be contacting their players starting August 2.
 Practices will begin August 4 and the season will run through November.

St. Michael's CYO will verify all players Parish and C.C.D. registration.
 Important documents listed on back side must be submitted prior to the first practice.

Register in person:
 St. Michael's Church

Register online:

 Keyword: St. Michael's

Mail to:
 St. Michael's CYO
 PO Box 691536
 Stockton, CA 95269

Player Information

Full Name: _____ Date of Birth: _____
 School: _____ Grade in '10-'11: _____
 Registered Parishioner of: _____ Attending C.C.D. at: _____
 Division: 4th 5th 6th 7th 8th Participated with St. Michael's CYO since (year): _____
 Uniform Shirt Size: YS YM YL Uniform Short Size: YS YM YL
AS AM AL AXL AS AM AL AXL

Player Profile

St. Michael's CYO will be creating a Basketball Program. Please have the player complete the following questions.

Nickname: _____ Favorite Athlete: _____
 Three words that describe you: _____
 Siblings (ages): _____
 Favorite Saint or Favorite Bible Verse: _____

Parent/Legal Guardian Information

Father/Guardian Name: _____ Cell/Work Phone: _____
 Mother/Guardian Name: _____ Cell/Work Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Home Phone: _____
 Email: _____
 Emergency Contact: _____ Phone: _____

Parental Support: St. Michael's CYO asks for active participation of all parents in our program.
 We would be interested in (please check all that apply): Team Coach Team Parent Team Scorekeeper
Concession Stand Fundraising Membership Uniform Webmaster

For Office Use Only:

Last Name: _____

Date Rcv'd: _____

Paid: \$ _____

Check # _____

Cash

First Name: _____

Documents Rcv'd: _____

C.C.D. Verified: Yes No

Division: _____

Important Documents

To update all St. Michael's CYO records, we ask all participants to submit a copy of the following:

- Health Insurance Birth Certificate
 Baptismal Certificate

Release of Photographs

By signing this release, the undersigned understands and agrees that photographs may be taken during the CYO Basketball season and the undersigned hereby gives permission to have his/her photo taken and authorizes the use and reproduction of said photos by St. Michael's CYO. All negatives and prints shall become the sole property of St. Michael's CYO.

Print Name of Participant Signature Date

If participant is under the age of 18, his/her legal guardian hereby authorizes the use of the photos as stated above.

Signature of Parent/Guardian Relationship Date

Liability Waiver/Medical Treatment Consent

In consideration for my family members' participation in St. Michael's CYO that I wish to register for, I voluntarily RELEASE St. Michael's Church, St. Michael's Athletics, St. Michael's Booster Club, their employees, contractors, volunteers, directors and officers (hereinafter referred to as "RELEASEES") from any and all liability for injuries or death or property damage to me and/or my child resulting from, arising out of, or in any way connected with my and/or my child's participation in St. Michael's CYO. I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the injury or death or property damage suffered by me or my child participating in this program. I further agree to DEFEND, INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation related expenses such as attorney and expert witness fees) resulting from, or in connection with, participation in this program whether caused by any negligent act or omission of the RELEASEES.

I further understand that serious accidents may occur in St. Michael's CYO programs that I am registering for, that participants in this program may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this program. Knowing the risks of said event, nevertheless, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW ALL OF THOSE PERSONS MENTIONED ABOVE WHO THROUGH PASSIVE OR ACTIVE NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME FOR DAMAGES.

It is further understood and agree that this waiver release, hold harmless and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns.

I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for my family members in case of illness or accident during such program. In the event of injury of a child participant, and if a parent cannot be reached, the child will be transported to the appropriate care facility as stated on their registration form.

By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

Parent's/Guardian's Signature Date

Print Name

Questions or Comments:

Michelle Gonzalez, Athletic Director 209.356.8165 SMWarriors@gmail.com