



YOUTH ATHLETIC LEAGUE SPORTS REGISTRATION

Parent or guardian must complete:

Participant Name: _____ Sex: M F
Print Name as on Birth Certificate First Name Middle Name Last Name ("Nick" Name)

DOB* _____ School _____ Grade _____
*Proof of birth date required

Address: _____ Street _____ Apt # _____
City _____ State _____ Zip _____

Parent(s) Name(s):

First Name Last Name Home Phone Work Phone Cell Phone

First Name Last Name Home Phone Work Phone Cell Phone

Mother's email: _____ Father's email: _____

Emergency Contact Name: _____
First Name Last Name Home Phone Work Phone Cell Phone

Sport: _____ League: _____

Would you like to **Coach**? Y N Please complete and attach Volunteer Form.

Would you like to **Sponsor**? Y N Please complete and attach Sponsor Form.

Do you have a preferred coach? _____

Does your child carpool with other players (names)? _____

How did you hear about us? _____

Please list any relevant medical information (allergies, medications, special needs). Use reverse side, if necessary.

WAIVER: In consideration of your accepting my entry, I hereby, for myself, my child, my heirs, executors and administrator, waive and release any and all rights and claims for damages I or my child may have against the Cathedral Sports Ministry and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand that I am encouraged to maintain proper insurance coverage for my child during the duration of his/her participation and specified activities with this Department. I do hereby certify all the above information to be correct and true.

I have read and hereby accept the Parents Code of Ethics and Refund/Transfer information as stated on the opposite side of this form.

PHOTO/ VIDEO RELEASE: I hereby grant to Cathedral and to its employees, agents and assigns the right to photograph my dependent and use these photographs of my dependent and the recording of his/her voice and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print (bulletins, brochures, newsletters, ads, etc.), digital or electronic publishing online on the Cathedral website or affiliates. Furthermore, I consent that such video and audio may be used free and clear of any claim on my part. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I understand that Cathedral will exercise the utmost discretion in the use of this video and will not provide this video to any outside group without my consent and permission.

Signature: _____ Date: _____
(Parent/Legal Guardian/Applicant – over 18 years of age)

For Office Use Only: Birth Certificate: On File _____ Attached _____ Activity No. _____ Sec. _____ Fee: \$ _____ Payment method: Visa/MC _____ Cash \$ _____ Check \$ _____ Receipt# _____ Received By: _____ Age Group (circle): U6 / U8 / U10 / U13
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Parents Code of Ethics

Recognizing that the Sports Ministry is an extension of Cathedral, the Code of Ethics has been designed to create and maintain a Christian environment for players, coaches and families.

I hereby pledge to help make my child's youth sport experience fun and positive in the following manner:

1. I will promote good sportsmanship by providing positive support, care, and encouragement to all players, coaches, and officials.
2. I will not berate players or coaches on any team or officials doing their job, and will not promote such behavior by others.
3. I will treat officials, opposing players, coaches and spectators with respect even though I may disagree with their decisions or actions.
5. I understand that my child will play in an alcohol and drug free environment.
6. I will remember that the game is for the kids and not adults.
7. I will teach my child to treat all other players, coaches, officials, and fans with respect.
8. I will help my child enjoy the youth sport experience by assisting the coach, being a respectful fan, helping with transportation and any other way I may be helpful.
9. I will not make insulting remarks to players, parents, officials, or coaches of either team.
10. I will express my thanks to coaches, officials, other volunteers, and staff personnel who conduct sports events.

Refund/Transfer Policy for Athletic Activities

A \$10 processing fee will be charged for each participant's request for refund or transfer.

*No refunds or transfers will be considered after the first game of the season.
Request must be made by and adult 18 years or older.*

Transfer requests to another activity are not guaranteed.

Signature: _____ **Date:** _____



