



# SAINT ANTHONY OF PADUA, RC CHURCH

PO Box 1783, Rocky Point, NY 11778

## 2016 CYO SOCCER APPLICATION FORM



Player's Last Name

Player's First Name

Sex M F

Date of Birth

Home Address

Town

Home Phone #

Parent's / Guardian's Name

Parent's Email Address

Alternate Phone #

List, if any, medical conditions or concerns the coach should be made aware of

New Registrant or Returning Player

Circle One

Names of other players you are registering from your immediate family

Circle Grade Level in Fall 2015									
Pre-K Must be Age 4 by 11/30/2016	Kindergarten	1	2	3	4	5	6	7	8

	Player Shirt Size			
	S	M	L	XL
Youth				N/A
Adult				

Our CYO Program depends on Volunteers.  
*Please circle one choice*

Head Coach

Concession Stand

Assistant Coach

Field Maintainers/Morning Field Set Up 8:30

All Volunteers Must Complete VIRTUS TRAINING & Background Check (Circle one)

Yes, I have taken VIRTUS

No, I will be taking VIRTUS

Volunteer's Name: \_\_\_\_\_

Volunteer's Phone: \_\_\_\_\_

Coach's Shirt Size: \_\_\_\_\_

Volunteer's Email Address: \_\_\_\_\_

### **MANDATORY REGISTRATION AGREEMENT**

I, the undersigned adult hereby grant permission for my child \_\_\_\_\_ to participate in St. Anthony's C.Y.O. Soccer program. My child is in good health and fit to participate in athletic play. I fully understand that the C.Y.O. of Saint Anthony's Church and any of the personnel involved in this Program are NOT RESPONSIBLE for any injuries incurred during play, practice or any other time this Program is using any facility for an official function. I understand that this is a developmental, fun and instructional Program and that my failure to assist may prevent some other children from participating. I accept that all of the coaches and staff are volunteers and **that my failure to assist the Program in some capacity may prevent children from participating. I understand that at least one parent or guardian must be present for the duration of each game and practice.** I fully understand the St. Anthony's CYO Philosophy and my child and I will abide by it. I understand that any placement requests are not guaranteed. I also state that all of the information on this form is accurate and complete. There will be a \$15 fee for returned checks plus any other applicable bank fees

Registration Fee: \$75.00 -- One Player \$150.00 -- Two or more players -- Same immediate family

CYO Scholarship Info: No child is denied participation based on financial need. Please see one of our CYO personnel.

Parent / Guardian's Signature: \_\_\_\_\_ must be signed

Date: \_\_\_\_\_

Check \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_