

Mansfield St. Peter's CYO Release of Future Claims

As used herein, the term "released parties" refers to St. Peter's Elementary School, St. Peter's Parish, The Diocese of Toledo, and their officers, directors, agents, teachers, coaches, and volunteer workers. "You" and "your" refer to the child named below and the parent or legal guardian whose signature appears below.

In consideration of the released parties, allowing you to participate in the 2011-2012 Mansfield St. Peter's CYO athletic events, you hereby agree you will not hold the released parties liable for any accident, injury, death, or loss of property suffered by you while attending Mansfield St. Peter's CYO Athletic events.

My child's full name is _____ . I am the legal guardian or custodial parent.

Parent/Guardian signature _____

Phone # (_____) _____

Date _____

NON-REFUNDABLE REGISTRATION FEE IS \$45.00 (LATE FEE IS \$25.00)

Please make checks/money orders payable to "ST. PETER'S CYO." Registration form and fees are due by Monday, October 10, 2011. A fee of \$25.00 will be charged for late registrations until Monday, October 17, 2011. No registration will be accepted nor will any athlete be added to any roster after Monday, October 17, 2011.

No registration will be processed without the registration fee.

Registrations can be dropped at the Elementary, High School offices, or at the Parish Center.

Call Bob Keller at 419-571-4398 for details or any questions.

ST. PETER'S SWIMMING REGISTRATION
Grades 7 & 8 BOYS/GIRLS

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____

State _____ Zip _____ Phone # (_____) _____

Date of birth _____ Male ___ Female ___
Month Day Year

Father's Name _____ Work Phone #(_____) _____

Mother's Name _____ Work Phone #(_____) _____

Email Address _____

Person to notify in emergency _____

Phone # (_____) _____

Any medical restrictions _____

Doctor _____ Phone # (_____) _____

Did you play last season? _____ Yes _____ No

If yes, at what school _____

2011-2012 Grade level _____

Consent for Medical Treatment (Minor)

As parent or legal guardian of the above named athlete, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature of Parent/Guardian

Date

(OVER)

ST. PETER'S BASKETBALL REGISTRATION
Grades 3-8 BOYS/GIRLS

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____

State _____ Zip _____ Phone # (_____) _____

Date of birth _____ Male ___ Female ___
 Month Day Year

Father's Name _____ Work Phone #(_____) _____

Mother's Name _____ Work Phone #(_____) _____

Email Address _____

Person to notify in emergency _____

Phone # (_____) _____

Any medical restrictions _____

Doctor _____ Phone # (_____) _____

Did you play last season? _____ Yes _____ No

If yes, at what school _____

2011-2012 Grade level _____

Consent for Medical Treatment (Minor)

As parent or legal guardian of the above named athlete, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature of Parent/Guardian

Date
(OVER)