



**CYO Sports Program Registration Form**  
 St. George Maronite Catholic Church  
 6070 Babcock Rd. San Antonio, Texas 78240

MALE	<input type="checkbox"/>
FEMALE	<input type="checkbox"/>
DIVISION:	

Please Print

Name: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Church: \_\_\_\_\_ Religion: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Years of Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Parent E-mail address: \_\_\_\_\_

We the parents of the above named applicant who has applied for participation in the athletic activities of CYO Athletics, hereby give our consent and approval to his/her participation in any and all activities of the CYO Athletics and its affiliates during the ensuing year. I/We assume all risks and hazards incident to the conduct of such activities, including any and all transportation, and for and in consideration of the educational instruction he/she will receive in connection therewith. I/We hereby agree to release, absolve, indemnify and hold harmless, and do by this instrument release, absolve, indemnify and hold harmless CYO Athletics and its affiliates, the Archdiocese of San Antonio, and any and all Catholic churches or parishes, and any and all supervisors, organizers or sponsors, of and from any and all liability for any injury to my/our aforesaid child, and we waive all claims of any kind against any or all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting my/our such child to or from any such activities hereinabove named.

Date: \_\_\_\_\_ Parent Signature: **X** \_\_\_\_\_  
SIGNATURE

**DATE OF BIRTH**

From official document of birth here now presented to me by applicant, I hereby record the following information by my own hand.

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

We the official CYO Registrar and CYO Moderator, hereby certify that the above information is correct and the applicants eligible to represent this parish.

Official CYO Registrar \_\_\_\_\_ CYO Moderator \_\_\_\_\_  
SIGNATURE SIGNATURE

CYO ATHLETICS PROGRAM FINANCIAL ASSISTANCE FOR SPORTS INJURY REQUIRING MEDICAL TREATMENT

\* The following information is provided in the event an injury is sustained by the youngster at a CYO Athletics event.  
 \* Each youngster becomes a registered member of the CYO Athletics Program upon the signature of the parent or guardian, the registrar, and the parish priest or the parish moderator.  
 \* Each child is required to be covered by the CYO Athletics' accident policy. The fee is part of your registration cost.  
 \* The policy provides certain benefits occurring at a CYO Athletics event, up to the policy amount and subject to certain terms and conditions.  
 \* The process to submit a claim is as follows:  
 The coach or manager must fill out and forward an incident report to the CYO Athletics Office located at 2718 W. Woodlawn Ave. San Antonio, Texas 78228. Next, an insurance claim form should be submitted within 90 days of the accident. You may request a claim form from the CYO Athletics Office above or you may call 800-257-6250. The Maksin Management Corp., Two Aquarium Drive, Suite #200, Camden, NJ 08103 and ask for a claim form to be sent to you.