



Catholic Youth Organization Cheer/Dance Registration Form

FOR OFFICE USE

Date:	_____
LAST:	_____
FIRST:	_____
TEAMCYO:	_____

Please Type in all fields, sign and follow return instructions at bottom of form

CYO PARTICIPANT INFORMATION

Name of Child: First, Last

Adress:

City: Zip:

Home Phone: Child Date of Birth (01/01/2001)

MEET ENTRY INFORMATION

Full Parish Name

Parish City

COUNTY

Does your parish have a cheer/dance program

School

Grade Gender

PARENT/GUARDIAN INFORMATION

Parent/Guardian (First, Last) Relationship

E-mail address Cell #

Parent/Guardian (First, Last) Relationship

E-mail address Cell #

EMERGENCY CONTACT INFO

Name(First, Last)

Relationship

Emergency Phone

Emergency Phone2

AUTHORIZATION TO PARTICIPATE

I hereby give consent for my child/children to participate in the activities in CYO Cheer/Dance. I understand that there is a risk of injury to my child/children as a participant in CYO Cheer/Dance, and I hereby assume the risk of my child/children's participation in such activities. In consideration of the CYO's acceptance of my child/children in CYO Cheer/Dance, and to the extent permitted by law, I hereby agree to release and hold harmless the Archdiocese of New York, Catholic Charities of the Archdiocese of New York, the Archbishop of the Archdiocese of New York, Catholic Charities Community Services, Catholic Youth Organization, its parents and affiliates, and their respective trustees, directors, officers, employees, servants and volunteers from any and all responsibility, liability, claims, and/or demands arising out of my child/children's participation, specifically including any injury that may occur due to their negligence. In the event that I cannot be reached in an emergency, I give permission to the physician selected by CYO to secure and administer treatment, including hospitalization, for all of the above named persons. I also understand and agree to abide by any restrictions placed on my or my child/children's participation in CYO Cheer/Dance activities, and that I and/or my child/children will be dismissed from the program if we fail to abide by CYO Cheer/Dance program rules.

PHOTO AUTHORIZATION

I hereby consent to the taking of photographs, movies or videos of my child/children by CYO Cheer/Dance or its designated representatives in connection with any advertising. I also grant the right to edit, use and reuse said products for any and all purposes selected by the CYO Cheer/Dance and release any and all rights, title and interest we may have in such photographs, movies or videotapes, finished pictures, reproductions, copies of negatives of the same in connection with such uses.

PRINT NAME OF APPLICANT OR PARENT/GUARDIAN

DATE:

DATE:

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN

Please type in all fields, print, sign and return via:
fax: 212-826-3347 or scan & e-mail to seth.peloso@archny.org