

**Our Lady of Sorrows – St. Anthony**  
**CYO Sports Registration Form**

Coach/Team \_\_\_\_\_

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Attending School \_\_\_\_\_ Grade \_\_\_\_\_

Parent email address \_\_\_\_\_

Parents/Guardian First Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**REGISTRATION FEE: \$ 60** (per player/sport/cheerleading)    **Paid by: Ck # \_\_\_\_\_ Cash \_\_\_\_\_**

**PARENTS RESPONSIBILITY:** The success of the sports program at OLS-SA comes from the dedication of our volunteer coaches who put in many hours of their time to build leadership, character and promote teamwork. Parents are **required** to give up to **5-6** hours of their time when called upon to help during various functions (home games, fundraisers, cheer tournaments, etc) Should you elect **not** to offer your services a one time family buyout of **\$ 85** will be required along with your registration fee applicable for both fall and spring sports separately. Agreement to buyout will provide you with an exemption from being called upon for your services.

**NO UNIFORMS WILL BE DISTRIBUTED UNTIL ALL FEES ARE PAID & SIGNED REGISTRATIONS ARE COMPLETE**  
Please note failure to return uniforms at the end of the season or uniforms that are lost will be subject to a \$75 penalty.

**OUR LADY OF SORROWS-ST ANTHONY PARISH SPORTS COMMITTEE**  
**ACKNOWLEDGEMENT OF RISK & WAIVER OF ALL CLAIMS**

I certify that my child's current physical condition is satisfactory for participation in OLS-SA Sports Programs. I recognize and acknowledge that there are certain risks of physical injury in any athletic program and I hereby assume full responsibility for any expenses (including medical) incurred as a result of my child's participation in any OLS-SA sports program.

**I agree to:** (a) waive and relinquish, (b) fully release and discharge and (c) indemnify and hold harmless the Parish of OLS-S, the sports committee officers, members or coaches from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation.

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**White Copy - OLS**

**Yellow Copy – Parents Receipt**

(Rev10-08)