

**ARCHDIOCESE OF BOSTON  
ST. DENIS WESTWOOD CYO ATHLETICS  
PARENTAL PERMISSION & REGISTRATION FORM 2018-19**

Name of Participant \_\_\_\_\_

Street Address \_\_\_\_\_

City: Westwood      State: MA      Zip: 02090

Parent cell phone #: \_\_\_\_\_ Parent email (write clearly): \_\_\_\_\_

Parishioner of St Denis Church:      Yes \_\_\_\_      No \_\_\_\_

Catholic:      Yes \_\_\_\_      No \_\_\_\_

Male \_\_\_\_      Female \_\_\_\_      Grade \_\_\_\_      School \_\_\_\_\_

Player's Date of Birth \_\_\_\_\_

**PARENTAL RELEASE**

In signing this form, I hereby certify that the above information is correct and give permission for my child to be transported to and from basketball games and for the release of medical records to an attending physician in case of injury or illness.

In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event that I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter, as named herein.

I hereby agree that no liability is assumed by the Archdiocese of Boston, the parish, or the coaching staff for injuries which are inflicted by a participant or a third party during a contest or during travel to and from the games.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Interest in Volunteering (check all that apply) \_\_\_\_ Head Coach    \_\_\_\_ Assistant Coach    \_\_\_\_ Scorekeeper

**Please return this completed form with a *COPY* (Note: *BCs will not be returned*) of the player's birth certificate and the registration fee of \$190 made out to St Denis CYO to:**

:

**St Denis CYO Basketball c/o John Dullea  
89 Webster Street  
Westwood MA 02090**

**Players will not be added to a roster without a birth certificate.  
Rosters are limited in size and will be filled on a space available basis after Oct. 12th**