

**ARCHDIOCESE OF BOSTON
ST. DENIS WESTWOOD CYO ATHLETICS
PARENTAL PERMISSION & REGISTRATION FORM 2019-20**

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. 18th**