**St. Angela Merici Parish
 C.Y.O. Registration
 2017-2018**

***PLEASE PRINT CLEARLY***

Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Member E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Grade Level (as of Fall 2017)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of birth: (month/day/year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parents/Guardians Names: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parents/Guardians Cell Phone: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parents/Guardians E-mail address:1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tee Shirt Size: Adult S\_\_ Adult M\_\_ Adult L\_\_ Adult XL\_\_

Members, are you willing to receive text messages from CYO? Yes\_\_\_ No\_\_\_

Parents, would you like to receive text messages from CYO? Yes\_\_\_ No\_\_\_

Parents, if yes, which cell number?\_\_\_\_\_\_\_\_\_\_\_\_\_

 I understand that registering for membership in the St. Angela Merci C.Y.O. commits me to being an active member, attending at least one activity each month. I also understand that I will act in an appropriate Christian manner towards both my peers and my adult chaperones, obeying all C.Y.O. rules as stated in the St. Angela Merici C.Y.O. Code of Conduct and as outlined by the C.Y.O. Director. In cases of inappropriate and/or dangerous behavior, the C.Y.O. Director shall determine the appropriate action, including both suspension and/or expulsion. By signing here, I understand and agree to the above terms.

Member Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*
For office use  only:
\_\_\_\_\_\_Medical form received \_\_\_\_\_\_ General permission slip
\_\_\_\_\_\_Insurance roster updated   \_\_\_\_\_\_ E-mail verified

\_\_\_\_\_\_Member cell verified for texts \_\_\_\_\_\_ Parent cell verified for texts