

## Sabrecats Track Registration Form

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Boy / Girl

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian Contact Info:**

**Mother/Guardian #1:**

Name: \_\_\_\_\_

Address:  (same) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ (Cell/Work)

Email Address(es): \_\_\_\_\_

**Father/Guardian #2:**

Name: \_\_\_\_\_

Address:  (same) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ (Cell/Work)

Email Address(es): \_\_\_\_\_

**Emergency Medical Information:**

Medical Conditions (asthma, ADHD, etc.): \_\_\_\_\_

Allergies (bee stings, grass, food, etc.): \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other Emergency Contact (if above guardians are not available):

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please circle any role(s) that you are interested in assisting with during the season:**

Team Coach	Coach Assistant	Team Parent (communications)	Banquet Committee	Other (indicate):
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**Required Forms For Participation:**

- This registration form
- CTCYO Liability Release Form
- Check made payable to "St. Vivian Athletic Boosters" or "St. Barts Athletics Association". ( \$50 for track)
- *NOTE- Players that sign up after the Registration Deadline will only be accepted based on team need. In-person sign ups will be the final deadline to guarantee a spot on a team.*

**Give to Program Commissioner or Send To:**

**St. Vivian Athletic Boosters:** Attn. Tim Roberts ([hitkingroberts1@aol.com](mailto:hitkingroberts1@aol.com)) 7600 Winton Rd. Cincinnati, OH 45224

**St. Barts Athletic Association:** Attn. A.J. Johnson ([aj.johnson1@ymail.com](mailto:aj.johnson1@ymail.com)) 9375 Winton Rd. Cincinnati, OH 45231

**For "Office" Use**

Pd Amt: \$	Check No. / Cash:	Pd Date:	Rec. By:
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TRACK & FIELD AGREEMENT  
AND RELEASE OF LIABILITY  
(With consent of Parent or Guardian of Minor)

DATE \_\_\_\_\_

NAME OF PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARISH/SCHOOL/CLUB \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

I acknowledge that participating in Track & Field (the "Sport") can be a dangerous activity involving many risks of injury. I further acknowledge that the Cincinnati Track Catholic Youth Organization (CTCYO) is a Not-for-Profit, 501(c)(4), Catholic Youth Organization (CYO) Recommended Sport. Its goal is to promote youth physical fitness and provide a fun learning experience for children.

Administrative support is provided exclusively by volunteers, and the organization is comprised of Catholic Parishes, Catholic Schools, Christian Organizations, and Youth Track & Field Club Teams. The CTCYO strives to be all-inclusive.

I, in consideration of the acceptance of me by the CTCYO and CYO as a participant in a sports league release and forever discharge any and all liabilities, claims, losses, demands, costs, expenses, or rights of action, of whatever kind or nature, which I have or which may hereafter accrue to me against the CTCYO or CYO, the Parish, School, Christian Organization or Club Team listed above, or their respective trustees, officers, employees, coaches, agents, administrators, members, sponsors, promoters or affiliates, arising from or by reason of any bodily or personal injury or property damage which may be sustained by me directly or indirectly in connection with my participation in the Sport during or following the above school year. I agree, for myself and successors, that this Agreement and Release of Liability contains the entire agreement between myself and the CTCYO or CYO and that the terms hereof are contractual and not a mere recital. I currently have no known physical or mental condition that would impair my capability for full participation as intended and expected of me (except for \_\_\_\_\_).

SIGNATURE OF ATHLETE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT OR GUARDIAN OF A MINOR: I, as parent or guardian of the Student, represent to the CTCYO and CYO that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in the Sports during the above school year, and further agree, individually and on behalf on my child or ward, to the terms of the above Agreement and Release of Liability.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_