



CYO Bowling Registration Form



Bowler Information

Name _____ Age _____

As of 8/1/2017

Phone # _____ Date of Birth ___/___/___

School/Parish _____ Grade _____

Requested TeamMates _____ / _____ / _____

We cannot guarantee placement but we will make every effort to fill all team requests

Parent/Guardian Information

Name _____ Birthdate ___/___/___

Address _____ Zip _____

E-Mail _____

League Fee: \$120.00 Date Registration Paid _____ Cash___ Check___

AUTHORIZATION TO PARTICIPATE

I hereby give consent for my child/children to participate in the activities in CYO Bowling. I understand that there is a risk of injury to my child/children as a participant in CYO Bowling, and I hereby assume the risk of my child/children's participation in such activities. In consideration of the CYO's acceptance of my child/children in CYO Bowling, and to the Catholic Charities of the Archdiocese of New York, the Archbishop of the Archdiocese of New York, Catholic Charities Community Services, Catholic Youth Organization, its parents and affiliates, and their respective trustees, directors, officers, employees, servants and volunteers from any and all responsibility, liability, claims, and/or demands arising out of my child/children's participation, specifically including any injury that may occur due to their negligence. In the event that I cannot be reached in an emergency, I give permission to the physician selected by CYO Bowling to secure and administer treatment, including hospitalization, for all of the above named persons. I also understand and agree to abide by any restrictions placed on my or my child/children's participation in CYO Bowling activities, and that I and/or my child/children will be dismissed from the program if we fail to abide by CYO Bowling program rules.

PHOTO AUTHORIZATION

I hereby consent to the taking of photographs, movies or videos of my child/children by CYO Bowling or its designated representatives in connection with any advertising. I also grant the right to edit, use and reuse said products for any and all purposes selected by the CYO Bowling and release any and all rights, title and interest we may have in such photographs, movies or videotapes, finished pictures, reproductions, copies of negatives of the same in connection with such uses.

Parent/Guardian Signature _____ Date _____

I attest that I am the parent/legal guardian completing this form of the above listed participant and I have read the authorization to participate and the photo authorization and I accept the above terms and conditions.