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ST. THOMAS MORE REGISTRATION

(Please Print)

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Email _____

Phone _____ Emergency Phone _____

Parent/Guardian Name _____

School _____ Parish _____

Grade (Starting September, 2011) _____

Health problems, if any _____

**CATHOLIC YOUTH MINISTRY
DIOCESE OF ALLENTOWN**

Parish _____

I hereby give permission for my child, _____, birthday ____/____/____, to participate in CYO Sports Programs and/or activities. I am aware that diocesan regulations require that all boys and girls be covered by life, accident, and hospitalization insurance (major medical preferred) at their own expense and certify that my child is properly covered. I release the parish and it's representatives of all responsibility, and certify that my child is physically able to participate in the CYO Program, with the exception of limits noted above. I hereby give permission for any emergency medical treatment that might be needed by my child while participating in the CYO Sports Programs and/or activities.

Hospital Plan _____

Number _____

Required Medications _____

Allergies _____

Signature of Parent/Guardian

Street Address

City, State, Zip

Telephone Number