

**PRINT THIS PAGE**

SPORT \_\_\_\_\_

STM Committee Use: Fee Paid \_\_\_\_\_ Refund \_\_\_\_\_

**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, 2010) \_\_\_\_\_

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