

APPLICATION TO PARTICIPATE IN  
**OUR LADY OF THE SNOWS CYO 2008/2009**

Child's Name: \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_  
 Address: \_\_\_\_\_ Date of Birth \* \_\_\_/\_\_\_/\_\_\_  
 City, ST Zip \_\_\_\_\_ \*Copy of Birth Cert. Required If New To CYO  
 Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ School : \_\_\_\_\_  
 Parents' Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

SINCE LAST REGISTRATION, HAS THERE BEEN A CHANGE IN : (CIRCLE ANY THAT APPLY)  
 ADDRESS    PHONE #    SCHOOL    E-MAIL ADDRESS    NO CHANGE    NEW TO CYO

Please make sure to put an X in the appropriate box on the left and fill in the correct amount on the right!  
**TOTAL \$ COST = FAMILY FEE OF \$85 PER HOUSEHOLD + PROGRAM COSTS PER CHILD**

- |   |             |       |
|---|-------------|-------|
| <input checked="" type="checkbox"/> FAMILY FEE (If only child born in 2004, Family Fee is \$40) | <b>\$85</b> | _____ |
| <input type="checkbox"/> BASKETBALL - birthdates 1991-2000                                      | \$45**      | _____ |
| <input type="checkbox"/> BASKETBALL - birthdates 2001-2003                                      | \$20        | _____ |
| <input type="checkbox"/> CHEERLEADING - birthdates 1995-2001                                    | \$35**      | _____ |
| <input type="checkbox"/> SOCCER - birthdates 1995-2004  | \$35**      | _____ |
| <b>SWIMMING - PARTICIPATION SUBJECT TO TRYOUT</b>   |             |       |
| <input type="checkbox"/> SWIMMING - birthdates 1994-2003  | \$30        | _____ |
| <input type="checkbox"/> TRACK - birthdates 1994-2002   | \$25**      | _____ |
| <input type="checkbox"/> VOLLEYBALL/GIRLS - birthdates 1991-2001                                | \$30**      | _____ |

**\*\*Uniform Fee Required - One-time fee covers all sports!**    + \_\_\_\_\_  
 (\$30 - one child \$50 - 2 or more children)    Uniforms Returned    - \_\_\_\_\_ = \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**UNIFORM SIZE - Please circle correct size.**  
 TOP -        YOUTH SM MED LG                      ADULT SM MED LG X-LG  
 SHORTS -    YOUTH SM MED LG                      ADULT SM MED LG X-LG

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Make check payable to "OLSCYO"    Check # \_\_\_\_\_    Cash \$ \_\_\_\_\_    Total Paid \$ \_\_\_\_\_    Rec'd by \_\_\_\_\_  
(For Family)

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**MEDICAL APPROVAL AND RELEASE**

**We recommend that your child be examined by your Family Physician prior to participation in any of our athletic programs.**

**PARENT AUTHORIZATION**

I know that participation in competitive athletics may result in injuries to my child. In case of an emergency and if my Family Physician cannot be reached, I hereby authorize my child be treated by another Physician who is available. **I also understand that my attendance will be required at my child's first practice (date and time to be determined by child's coach).**

Date: \_\_\_/\_\_\_/\_\_\_    Signature: X \_\_\_\_\_  
(Parent or Legal Guardian)

Name of Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

APPLICANT MUST LIVE WITHIN PARISH BOUNDARIES OR ATTEND OLS SCHOOL. IF NOT, APPLICATION IS SUBJECT TO OBTAINING REQUIRED WAIVERS. INDIVIDUAL SPORTS FEES ARE GOOD THROUGH JUNE 2009.    **THIS FORM EXPIRES IN MARCH 2009.**