

SAINT ANSELM'S YOUTH ACTIVITIES – **2007/2008 REGISTRATION YEAR**
CYO SWIMMING REGISTRATION

PLEASE PRINT ALL INFORMATION:

NAME OF CHILD: _____ GRADE: _____

ADDRESS: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ DATE OF BIRTH: _____

SCHOOL: _____ PARISH AFFILIATION: _____

PARENT/GUARDIAN E-MAIL ADDRESS _____

CHILD'S PHYSICIAN: _____ PHONE NO: _____

PHYSICIAN ADDRESS: _____

PLEASE LIST ANY MEDICAL OR PHYSICAL CONDITIONS YOUR CHILD MAY HAVE WHICH MAY AID US
IN OUR RESPONSIBILITY FOR YOUR CHILD IN THIS ACTIVITY:

PERSON TO CONTACT IN AN EMERGENCY

NAME: _____ RELATIONSHIP: _____

TELEPHONE NO (DAY): _____ NIGHT: _____

In consideration of my child _____ participation in the ST. ANSELM CYO SWIMMING PROGRAM, I, the undersigned, waive all claims for damages I may have against St. Anselm for any and all injuries suffered by my child. I attest that my child is physically fit for participation, and his/her physical condition has been verified by a licensed doctor. I am aware that children who do not behave or are disruptive will be expelled from the program. Refunds will only be given at the discretion of the Director.

DATE: _____ SIGNATURE: _____

The St. Anselm's Youth Council requires that parents of children enrolled in an activity give service to our programs. When an activity is over-enrolled, we reserve the right to give preference to those children whose parents are willing to give service to that activity. Please indicate the service you wish:

- COACH/ASSISTANT COACH
- CHECK-IN
- LOCKER ROOM SUPERVISION

REVIEWED BY: _____

FEE RECEIVED BY: _____ CHECK: _____ CASH: _____

