

Queen of Peace CYO Athletic Form

Sport to Participate In: Basketball

Cost: **\$90.00 FOR THE FIRST CHILD**  
**\$80.00 FOR EACH ADDITIONAL CHILD**

**MAKE CHECKS PAYABLE TO: QUEEN OF PEACE CYO**

**Please Print**

Child's Name: \_\_\_\_\_

Gender \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

QPGS \_\_\_\_\_

QPCCD \_\_\_\_\_

Shirt Size \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent's Cell Phone Number : \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

For office use only

Cash \$ \_\_\_\_\_

Check # \_\_\_\_\_ For \$ \_\_\_\_\_

There will be a \$ 20.00 fee assessed for all returned checks.

## Queen of Peace CYO Consent Form and Liability Waiver

I hereby give my permission for child \_\_\_\_\_ to participate in the Queen of Peace Basketball Program, including without limitation, all practices, games and other related activities. I hereby waive and release any and all rights and claims for damages which I may have against the Archdiocese of Newark, Queen of Peace and all of their agents, volunteers, representatives and employees, for any and all injuries which my child or I may incur while taking part in any of the above sports/activities. This release also encompasses any injuries which may be sustained while traveling to and from any such sport, games or activities.

I have read and full understand the consequences of the foregoing statements and sign this Consent Form knowingly, freely and willingly.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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### Publicity Release

\_\_\_\_\_ I hereby grant permission to Queen of Peace CYO to use the name or likeness of my son or daughter in any publication or news release that may be used by or for Queen of Peace CYO, including without limitation: news release, photograph, video, etc.

\_\_\_\_\_ I do not wish my son or daughter to be used in any publication or news release.

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date

## EMERGENCY INFORMATION

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Student's Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

What is your child's general physical condition?(Please check one)

\_\_\_Fair      \_\_\_Good      \_\_\_Excellent

List any physical conditions we should aware of(allergies, limitations, etc)

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