

Mount Aviat Academy Youth Athletic Registration Form

Sport: _____ (Please list only one)

Age of your child: _____ Grade: _____ Birthday: _____

Child's Name: _____ Gender: _____

Address: _____

Email address: (please print clearly) _____

Parent(s): _____ Phone (H) _____ (W) _____ (Cell) _____

_____ Phone (H) _____ (W) _____ (Cell) _____

Emergency Contact: _____ Phone: _____

AGREEMENT

I hereby certify that my child is of normal health and capable of safe participation in this youth sports program. I release MAA and its coaches from all claims of any injuries, which may be sustained by the above child while participating in any sponsored activity. If medical attention is required and the school or CYM cannot reach the emergency contacts(s), I give my permission for such medical care.

I am willing to participate as a volunteer and to support MAA Athletics as a (Check all that apply):

Head Coach _____ Asst. Coach _____ Scorekeeper: _____ Cleared Adult: _____

Volunteer's name(s); _____ Phone: _____

I understand and agree with the CYM purpose and philosophy: The Office for Catholic Youth Ministry's Athletic Program is an important component of the comprehensive approach to youth ministry in the Diocese of Wilmington. The purpose of these programs is to promote Christian attitudes while encouraging healthy physical activity. These activities should foster:

*COOPERATION *RESPECT *SPORTSMANSHIP *LEADERSHIP *MATURITY

*COMPETITIVENESS *FAIRNESS *RESPONSIBILITY *COURTESY

I further understand and agree according to the parental agreement. I will be signing with CYM, individual players are expected to commit to their CYM team. This means attending practices and games of the CYM team over that of other athletic teams when conflicts arise. This agreement is covered in the "Parental Consent & Release Form" located on the on-line registration form, which I will need to complete at www.cdow.org.

PHOTO RELEASE: I hereby give permission for my child's photo to be used for CYM/MAA publicity.

Signature of parent or guardian: _____ Date: _____

I have enclosed items #1 and #2 with this form. Please make checks payable to MAAA

(#1) ___ \$85.00 Registration Fee (#2) ___ SEPARATE \$75.00 Uniform deposit

(#3) ___ I understand that a *signed copy* of the CYM on line registration "summary" page Must be given to the coach BEFORE being allowed to participate in practice or games.

CYM On-line registration can be accessed from www.cdow.org (under youth & young adults/athletics) Please list MAA as your Primary affiliation.

All Adult Volunteers must be registered online (www.cdow.org) and have completed background checks and a present year volunteer covenant on file with the MAA.

