



Cure of Ars CYO Registration Form

Sport You Are Registering For:
(Circle One)

Football, Volleyball, Boys Basketball, Girls Basketball,
Track, Cross Country

1. Student's Name _____

Grade: _____ Date of Birth: _____ Age: _____ Gender: _____

2. Parish: _____

School Attending: _____

Name of Parent(s) or Guardian: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Parent Cell Phone: _____

Email Address: _____

3. Participating in another Sport or Activity during this Sport (list): _____

4. All CYO participants must register with the Archdiocese. The registration covers one school year. You must register online at cyojwa.org for the above participant. This must be done for each child. Major credit card required.

I understand that Online Registration must be completed for my child to be placed on a team roster prior to Cure's deadline of sport roster closing. Failure to register ONLINE will result in my child being unable to participate in that sport for that year.

5. **Parent interested in Coaching or Volunteering (circle)** Parent: _____

In order to coach or volunteer, you must be Virtus trained. Contact Christy Meier for more information at christymeier@cureofars.com or visit www.virtus.org.

No refunds after evaluations or team roster formation for any Cure of Ars CYO Sport. By signing this form, you agree to support the evaluator's final decisions on placing your child on a team.

Parent Signature: _____ Date: _____