

CABRINI ATHLETIC DEPARTMENT

15305 WICK ROAD, ALLEN PARK, MI 48101

Phone (313) 388-0576

Fax (313) 388-1876

email adcabrini@hotmail.com

CYO INFORMATION FORM

Sport: Football Soccer Volleyball Cheerleading Bowling
 Cross-Country Basketball Baseball Softball Track

NAME _____

ADDRESS _____

CITY _____ ZIP _____ PHONE (____) _____

CURRENT GRADE _____ DATE OF BIRTH _____

PARISH _____ I am a registered member _____

CURRENT SCHOOL _____

PARENT'S NAME IF NOT THE SAME _____

PARENT'S CELL PHONE (____) _____

EMERGENCY CONTACT (if not able to be contacted) Name _____

EMERGENCY PHONE NUMBER (____) _____

Please list any health concerns that the coaching staff should know about your son/daughter.

What is the date of the last physical of your daughter/son? _____

On file in Cabrini Athletic office Yes No

All students participating in CYO sports must have a physical on file with the Athletic Director's Office before practicing for any team. This physical must be taken on or after April 15 of the previous school year.

Name of the Health Insurance and Policy Number which covers your son/daughter:

INSURANCE _____ POLICY # _____

I give my permission for my son or daughter to try-out and to participate in the above sport for St. Frances Cabrini Elementary/Middle School if they make the team. I understand that his or her ABILITY, ATTITUDE, ACADEMIC AVERAGE, CONDUCT IN SCHOOL AND IN TRY-OUT, PARTICIPATION IN RELIGIOUS EDUCATION (if not enrolled in a Catholic School) will be considered in the final selection of the team.

PARENT SIGNATURE _____ DATE _____