

**BLESSED SACRAMENT CYO TENNIS
FALL 2011 REGISTRATION
DEADLINE: September 5, 2011**

Please print clearly

Name: _____ School Name: _____

Date of Birth: _____

Address: _____

Grade: _____

Have you participated
In CYO Tennis before?

Yes _____ No _____

Religion Education Status:

Parish: _____

School: _____

Religious: _____

Home School _____

Shirt Size: Adult

Small _____

Medium _____

Large _____

Father (Name): _____

Mother (Name): _____

Phone: Mobile _____

Home _____

Work _____

Email: _____

Phone: Mobile _____

Home _____

Work _____

Email _____

Grade 4-8

Fee: \$40.00 (made payable to Blessed Sacrament CYO)

Beginner _____

Advanced Beginner _____

Intermediate _____

T-Shirts

The 2010 CYO tennis shirt will be ordered as soon as possible. Each player will also need to wear the BSS gym shorts, as well as appropriate shoes for tennis.

Questions: Contact Robin Baney by email at RBaney@aol.com; or by phone at (703) 845-9159 or (703) 975-0438

REMEMBER TO ALSO COMPLETE THE PARTICIPANT AGREEMENT

PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

Date of Birth _____ Grade _____

I, _____, of _____ (School/Parish), am a participant in **NVJCYO Tennis** and hereby acknowledge that this program may involve a variety of activities which may be both physical and mental in nature. These activities are designed to be within the limits of a person who is in reasonably good health. The level of participation in all programs and activities is at all times completely up to the individual. Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability.

Liability Coverage:

The Parish/School is not furnishing and is not responsible for and assumes no liability in connection with participation in this activity. The Parish/School is not furnishing and is not responsible for and assumes no liability of guarantee or assurance of safety of participants and/or elimination of all risks from the environment. The Parish/School is not furnishing and is not responsible for and assumes no liability for the safety of personal property during participation in the program. The Parish/School is not furnishing and is not responsible for and assumes no liability for monitoring and/or control of all the daily personal decisions, choices, and activities of the individual participants. The Parish/School is not furnishing and is not responsible for and assumes no liability for assumption of responsibility for the actions of persons who are not volunteers or employees of the Parish/School or otherwise engaged by the Parish/School, for events that are not part of the program, or that are beyond the control of the Parish/School and its subcontractors. I voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby indemnify, defend and hold harmless the PARISH, to include but not limited to, the Diocese of Arlington, The Most Reverend Paul S. Loverde and his successors in Office, their officers, and employees from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of my actions in the course of the above program/activity.

Use of Vehicles:

I further acknowledge, with regard to any personal vehicle driven by me or which I am a passenger in, that in the event of an accident, there is no coverage afforded to me through the Diocesan Master Insurance Program for liability or physical damage sustained to any vehicle involved or liability incurred by me while operating my vehicle. I acknowledge that if I choose to park at any Diocesan facility, I do so at my own risk.

Reimbursement of Medical Expenses:

I recognize and acknowledge there is no volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of performing my services. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Diocese, or their insurer, for any medical expenses.

Informed Consent to Medical Treatment:

In the event of an injury, I hereby give the Diocese of Arlington and/or its parish(es) full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety, if I am not in a condition to give informed consent including but not limited to the application of emergency medical procedures, the admittance to a hospital, or the care of a medical professional at my expense.

Safety:

Further, I agree to follow all procedures and safety precautions set forth by the Diocese and the parish(es) in addition to ensuring the protection of minors from sexual misconduct and/or child abuse in order to conform with the requirements adopted by the United States Conference of Catholic Bishops and Catholic Diocese of Arlington Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse.

I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent if Participant is less than 18 years old
(Parents must also complete a medical release for all minors)

Date