

ST. EDWARD THE CONFESSOR

CYO

NEW MEMBER PACKET

**PLEASE RETURN COMPLETED FORM
TO THE PARISH CENTER WITH MEMBERSHIP DUES
AND ATHLETIC JERSEY FEE (IF APPLICABLE)**

ST. EDWARD THE CONFESSOR YOUTH GROUP REGISTRATION

NEW MEMBER INFORMATION

NAME _____ DATE OF BIRTH _____ SEX _____

ADDRESS _____

EMAIL _____ CELL PHONE _____

HIGH SCHOOL _____ GRADE 2025-26 _____

CYO MASS PARTICIPATION INTEREST (4TH SUNDAY OF MONTH 4:30PM MASS) CHECK ALL THAT APPLY:

_____ READER _____ USHER _____ GIFT BEARER

CYO ATHLETICS INTEREST: _____ CABBAGE BALL _____ VOLLEYBALL

PARENT/GUARDIAN INFORMATION

NAME _____ CELL PHONE _____

EMAIL _____ RELATIONSHIP TO MEMBER _____

NAME _____ CELL PHONE _____

EMAIL _____ RELATIONSHIP TO MEMBER _____

Are you able to chaperone events? _____

ANNUAL REGISTRATION IS \$35
(\$5.00 FOR INSURANCE AND \$30.00 FOR DUES)

Registration Year runs from August 1st to July 31st
INCOMING 7TH GRADE GRADUATES REGISTRATION CARRIES INTO NEW SCHOOL YEAR

2025-2026: Date Paid _____ \$35 Cash / Check # _____

**ST. EDWARD THE CONFESSOR CYO
ATHLETICS T-SHIRT ORDER FORM**

**CYO Athletics Shirt – You will need to purchase this shirt
if you plan on being a part of any of our Sports Teams
(Volleyball, Cabbage Ball, Basketball or Flag Football).
The cost of the shirt is \$20.**

Please indicate Size (S-XL) and quantity below.

Teen's Name _____

<u>Size</u>	<u>Qty.</u>
Adult Small	_____
Adult Medium	_____
Adult Large	_____
Adult X-Large	_____

Please make checks payable to St. Edward CYO

Thank You!!!

**ST. EDWARD THE CONFESSOR CYO
MEDICAL FORM**

Emergency Medical Treatment in the event of any emergency. I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency, if you are unable to reach me at the above number, contact:

Name & relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish/location, its officers directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise dosage, are as follows: _____

Signature: _____ Date: _____

No medication of any type, whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate:

Signature: _____ Date: _____

Specific Medical Information: The parish/location will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (Medications, foods, plant, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunizations: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situation, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so date and list disease or condition: _____

You should be aware of these special medical conditions of my child: _____

ST. EDWARD THE CONFESSOR CYO

I/we, _____, the undersigned parent(s) of _____, a member of St. Edward the Confessor Parish CYO, hereby grant permission to St. Edward the Confessor Church and/or the Archdiocese of New Orleans to publish and/or print my/our child's name and/or likeness on the St. Edward the Confessor web site on the internet/and or world wide web.

I/we hereby further release, indemnify and hold harmless St. Edward the Confessor Church/CYO, the Roman Catholic Church of the Archdiocese of New Orleans, their directors, officers, agents, pastor(s), employees and insurers from any and all claims and/or damages on behalf of myself/ourselves and/or our child arising from the publication of my/our child's names, photograph, or likeness on videotape and/or film on St. Edward the Confessor Parish CYO's web site on the internet or the world wide web.

This agreement shall remain in force and effect at all times during my/our child's membership at St. Edward the Confessor CYO.

Father's Signature

Date

Print Father's Name

Mother's Signature

Date

Print Mother's Name

St. Edward the Confessor CYO

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Members Name: _____

Birth Date: _____ Sex: _____ Parent's Email Address: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone Number: _____ Cell Phone: _____

Work Phone: _____

I, _____, grant permission for my child, _____
(Parent or guardian's name) (child's name)

to participate in CYO events that require transportation to a location away from the parish/location site. These activities will take place under the guidance and direction of volunteers from St. Edward the Confessor Parish. Permission slips for individual trips will acknowledge my ongoing consent and furnish specific itineraries for the trip.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above name minor ("Member").

I agree on behalf of myself, my child named herein, or our heirs, successors, ad assigns, to hold harmless and defend St. Edward the Confessor Parish, Metairie, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Edward the Confessor its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)