



CYO Member Registration Form

Please PRINT

Name _____

Address _____

City _____ State: _____ ZIP _____

Home Phone # _____

Personal Cell Phone # _____

E-mail address _____ @ _____

School Name _____ Graduation Year _____

Birthday (month/day/year) _____

Father's Name _____ Mother's Name _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's e-mail _____ Mother's e-mail _____

I understand that registering for membership in the St. Christopher CYO commits me to being as active as I can be regarding CYO activities. I will also do my best to become a leader in parish youth ministry. Annual registration fee of \$20 (payable each June/July) are due by the next monthly meeting. I also understand that I will act in an appropriate Christian manner towards both my peers and the adult chaperones. In cases of inappropriate and/or dangerous behavior, the Youth Minister shall determine the appropriate action, including both suspension and/or expulsion. I also understand that unless I opt out, in writing, I will receive both e-mail and text message announcements from St. Christopher CYO about CYO activities. By signing here, I understand and agree to the above terms.

Member Signature _____