



# ST. ANN

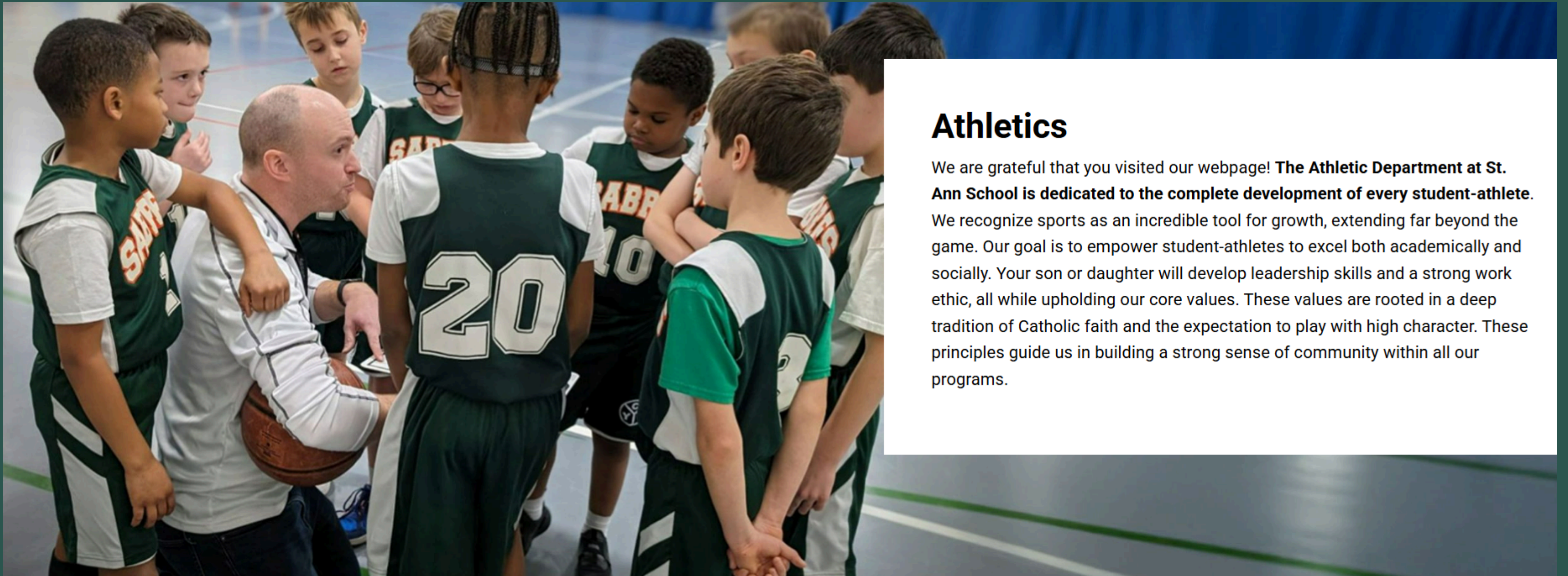
Sports Registration



# STEP BY STEP GUIDE



# GO TO OUR WEBSITE



## Athletics

We are grateful that you visited our webpage! **The Athletic Department at St. Ann School is dedicated to the complete development of every student-athlete.** We recognize sports as an incredible tool for growth, extending far beyond the game. Our goal is to empower student-athletes to excel both academically and socially. Your son or daughter will develop leadership skills and a strong work ethic, all while upholding our core values. These values are rooted in a deep tradition of Catholic faith and the expectation to play with high character. These principles guide us in building a strong sense of community within all our programs.



REGISTRATION

# CLICK LOG IN

Communion of Saints Parish



Login

Show Filter

Begin Registration

Account

## Browse Programs/Leagues

2025 Fall Cross Country



2025 Fall Football



2025 Fall Puppy Soccer



2025 Fall Soccer



# CREATE YOUR ACCOUNT



Communion of Saints Parish  
Registration

[View Available Leagues](#)

[Sign In](#)

[Forgot your username or password?](#)

or

[Create a New Account](#)



# FILL OUT YOUR INFORMATION



Please enter the Account Main Contact Information.

First Name:

John

MI:

Last Name:

Smith

Date of Birth:

03/01/1990

Sex:

Male

Address:

1 Championship Lane

City:

Cleveland

State:

Ohio

Country:

United States

Zip Code:

44106

Mobile Phone:

(216) 123-4321

Alternate Phone:

(###) ###-####

Email:

treasurercosathletics@gmail.com

Username:

smith

Password:

.....

Verify Password:

.....



I'm not a robot



reCAPTCHA  
Privacy - Terms

Cancel

Submit

# ADD MEMBERS



## Account

### Account Actions

You may take the following actions by using the buttons below.

View Cart	0
Browse Open Registrations	>
Begin Registration	>
Edit Account Info	>

### Family Members

Select a member below to view/edit profile or photo.

+ Add Member
John Smith >

# BEGIN REGISTRATION



## Account

### Account Actions

You may take the following actions by using the buttons below.

View Cart	0
Browse Open Registrations	>
Begin Registration	>
Edit Account Info	>

### Family Members

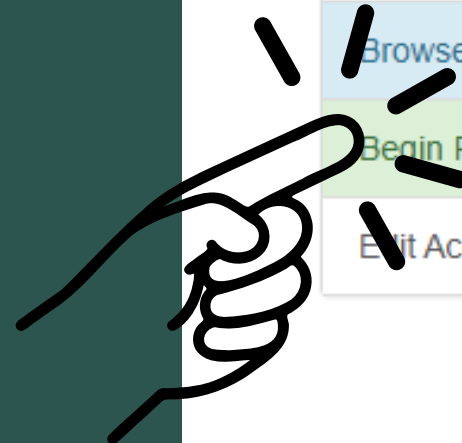
Select a member below to view/edit profile or photo.

+ Add Member

John Smith



Sally Smith



# SELECT CHILD



Registration Summary Click to expand



Select Registrant

♂ John Smith



♀ Sally Smith



Quit Registration





# SELECT THE SPORT

## Select Program

 Filter by name... Clear

### Programs

2025 Fall Cross Country



2025 Fall Football



2025 Fall Puppy Soccer



2025 Fall Soccer



2025 Fall Girls Volleyball



# SELECT LEAGUE AND ROLE

## Select League

Girls Grade 1st-3rd



Girls Grade 4th-8th



Back

## Select Role

Player

Player Fee: \$80.00



← Back

# CYO TERMS AND AGREEMENTS



Registration Summary Click to expand >

Team: \* **Unassigned**. Auto selected.

By proceeding you agree to Communion of Saints Parish's Terms of Service. You are responsible for reading and understanding these Terms of Service

[Hide Terms of Service.](#)

Organization Terms



DIOCESE OF CLEVELAND CYO

[www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion)

Resources

ODH Violence and Injury Prevention Program

[www.healthyohioprogram.org/vipp/injury.aspx](http://www.healthyohioprogram.org/vipp/injury.aspx)

Centers for Disease Control and Prevention

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

National Federation of State High School Associations

[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America

[www.biausa.org/](http://www.biausa.org/)

Ohio Department of Health

Violence and Injury Prevention Program

246 North High Street, 8th Floor

Columbus, OH 43215

(614) 466-2144

Rev. 02.13

I agree to the above.



< Back

Continue

# ATHLETE INFORMATION



Registration Summary Click to expand



## Complete Form

★ : Required

First Name:

Sally



Last Name:

Smith



Date of Birth:

01/01/2010



- **Grade:** Required
- **Jersey Size:** Required
- **Athlete School:** Required
- **Player Parish:** Required
- **County of Residence:** Required
- **Religion:** Required
- **Race:** Required
- **Athlete Eligibility:** Required
- **Physical Exam Date:** Required
- **Season of Non-CYO experience:** Required
- **Parent/Guardian First Name:** Required
- **Parent/Guardian Last Name:** Required
- **Guardian Mobile Phone:** Required
- **Guardian Email:** Required

Form invalid, please ensure the form is complete and correct.  
Selected grade in form is ineligible for this registration.

← Back

Continue



# CYO WAIVERS



Registration Summary Click to expand



## Complete and Sign Forms

\* : Required

Permission, Release, and Authorization to Seek Medical Treatment (Minors) <sup>2</sup>

Sudden Cardiac Arrest and Lindsay's Law - Parent/Athlete Signature Form <sup>4</sup>

Program Name \*

2025 Fall Cross Country

I, the parent or lawful guardian of (the "child"), give permission for my child to participate in Diocese of Cleveland CYO athletic and sports programs as described further in the Activity Information section below ("CYO") sponsored by Member Parish or School.

In exchange for and in consideration of the opportunity for my child to participate in CYO, I agree to the following:

# SIGNATURES FOR PARENT + ATHLETE

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All youth ath

this form.

Guardian Name \*

John Smith

Parent/Guardian Signature \*

John Smith

Sign Date

07/09/2025

Date \*

07/09/2025

Student Name \*

Sally Smith

Student Signature \*

Sign

Sign Date

07/09/2025

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n and return

Signature Pad

Type Signature

Clear Signature

Type Signature

Sally Smith

Done

# REGISTRATION SUMMARY



Registration Summary Click to expand



## Verify Information

First Name:	Sally
Last Name:	Smith
Date of Birth:	01/01/2010

# CHECK OUT



## Review Registrations

Total: \$80.00


**!** You must complete the registration and checkout process before logging out or your progress may be lost. Please complete your registration and checkout now or you may have to start again.

Registration: \$80.00

Sally Smith

2025 Fall Cross Country - Girls Grade 1st-3rd - \* Unassigned

 Remove

 Edit Form

Add Registration

Checkout



# PAYMENT

## Checkout

Cancel Checkout

Please select a payment type:

Credit/Debit Card



 Registration

Registrant: Sally Smith  
Amount: \$80.00

\$

80

Discount Code

Enter a discount code

Apply Code

Order Total:

\$80.00

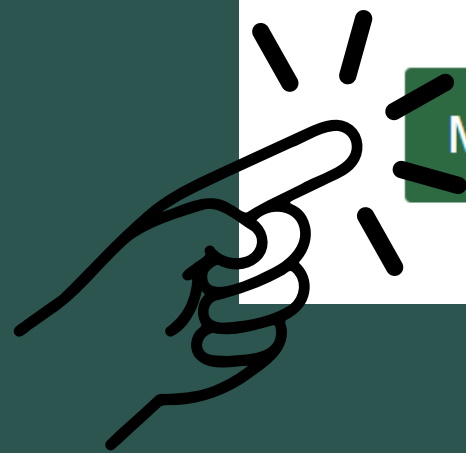
Next

# DOWNLOAD WAIVER (PHYSICAL FORM)



## Forms that need to be completed

Please complete this form to participate in the athletics program.



Medical Waiver

Code of Conduct

✉ Email Director

# UPLOADING PHYSICAL



## Account

### Account Actions

You may take the following actions by using the buttons below.

View Cart	1
Browse Open Registrations	>
Begin Registration	>
Edit Account Info	>

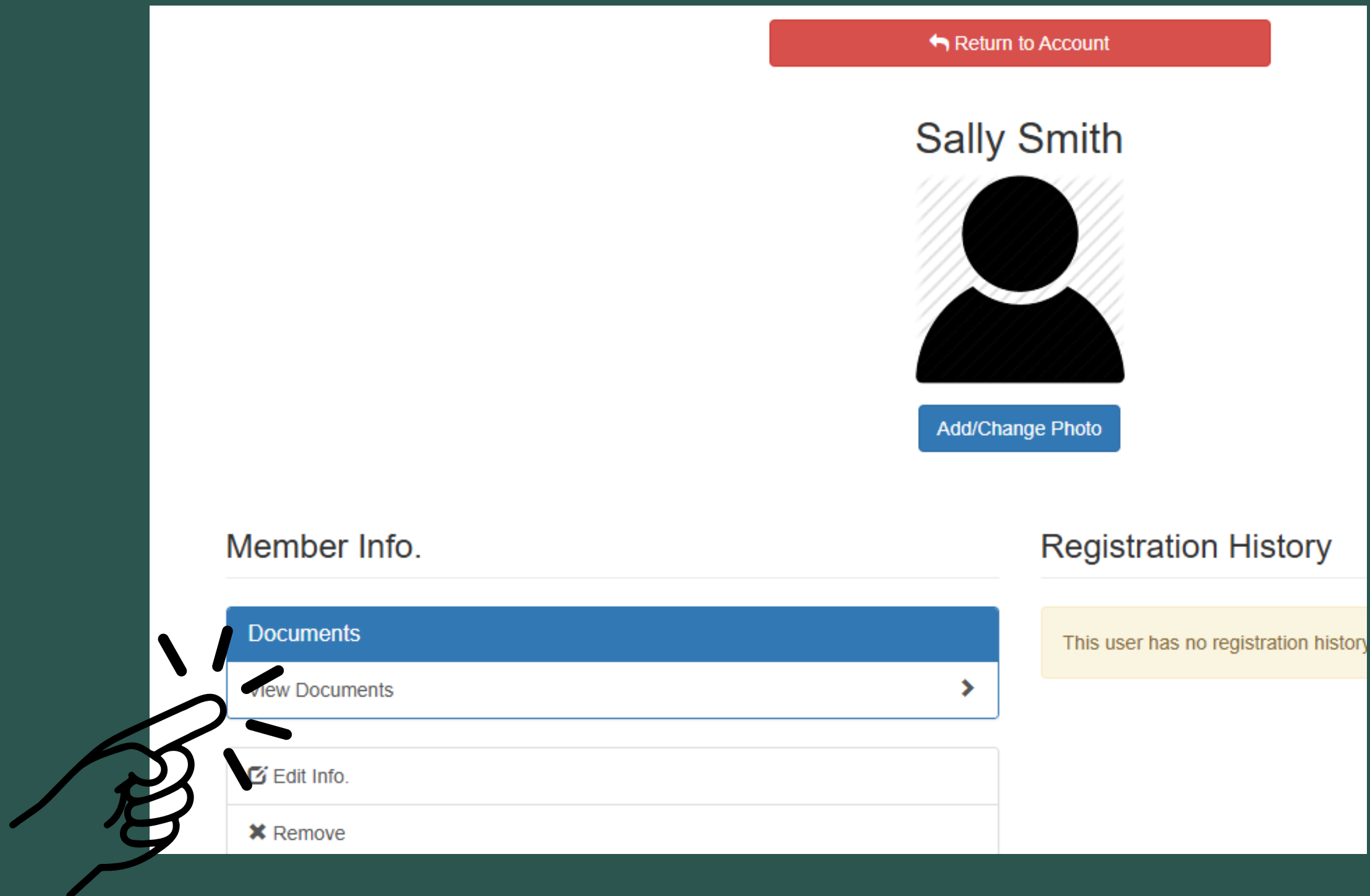
### Family Members

Select a member below to view/edit profile or photo.

+ Add Member	
+ John Smith	>
+ Sally Smith	>



# UPLOADING PHYSICAL





# UPLOADING PHYSICAL

[← Return to Profile](#)

## Sally Smith Documents

Organization Documents

CYO Pre-Participation Physical Forms Upload

Complete the CYO Athletic Participation Form. Download a copy at <https://reg.sportspilot.com/legal/cyo%20physical%20form.pdf> . Have your child's physician complete the physical exam section or provide a copy of your child's up-to-date physical with the CYO Pre-Participation Form. Physical exams are valid for thirteen months from the date of the medical examiner's signature. OHSAA Preparticipation Physical Evaluation Form can replace the physician section of the CYO Athletic Participation Form. [View Minute Clinic](#) sport physicals are acceptable.

Required

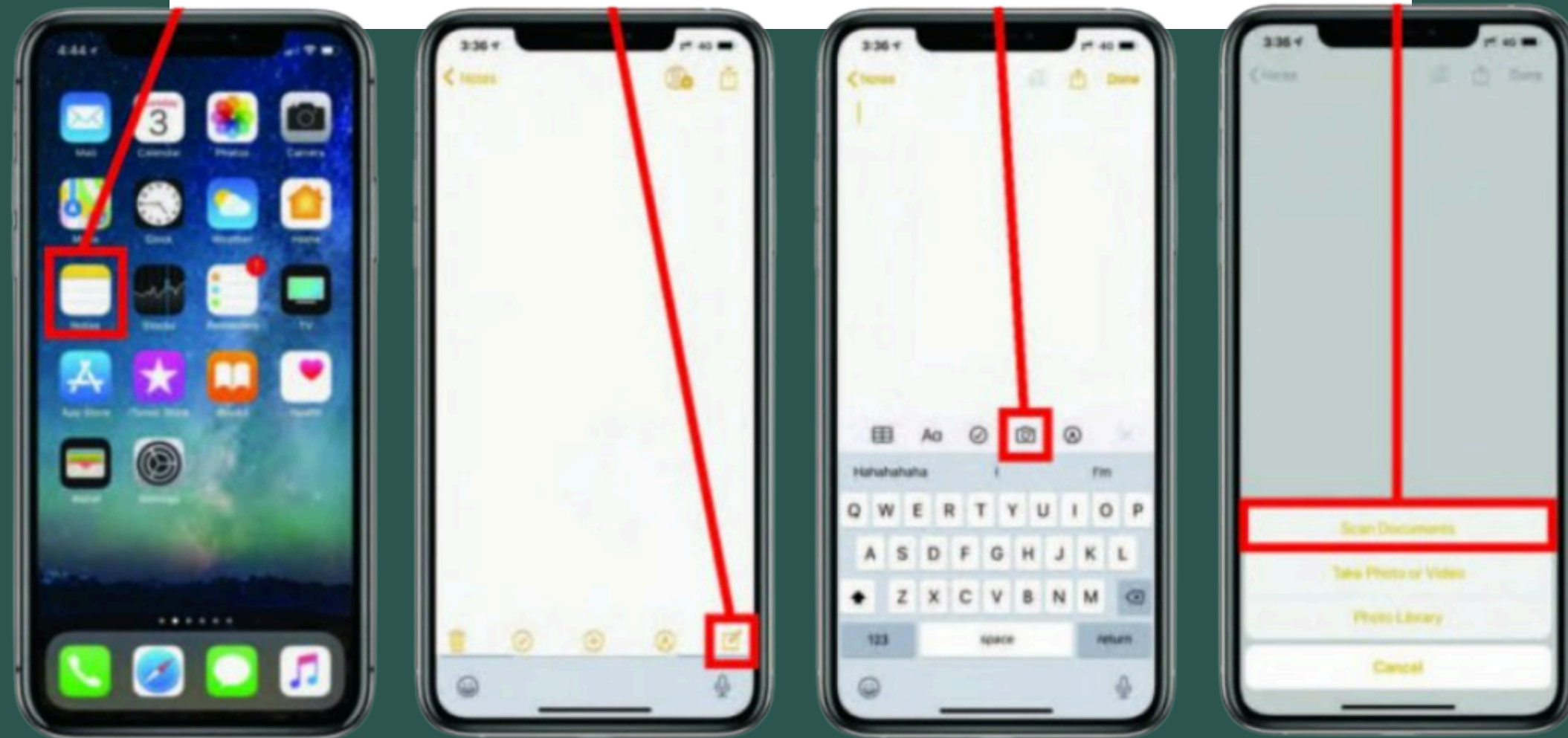
Upload

Roster Documents

There are currently no documents.

# UPLOADING PHYSICAL- IPHONE

1. Launch the Notes App
2. Create a new note by pressing on the compose button.
3. Now press on the camera button at the bottom.
4. Now tap on scan documents.





Good!  
Luck

