

**ST. ANTHONY CYO  
2011-2012 BASKETBALL REGISTRATION**

**Registration Form**

Please return registration form along with the registration fee to the school or Parish office ***marked for CYO***. Payment must be attached or form will be returned and registration will not be accepted. Please make checks payable to: St. Anthony CYO. **CASH NOT ACCEPTED.**

Refund Policy:

Prior to the first game:

A letter of explanation submitted to the CYO commissioner, full refund will be granted.

After the first game:

No refunds granted.

**Participant Information**

**\*\* (Each participant must fill out a separate registration form)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade as of 9/1/11: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Boy  Girl

Catholic:  Yes  No Parish: \_\_\_\_\_ Race (optional): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ (Youth M, L, Adult S, M, L, XL) Short Size: \_\_\_\_\_ (Youth M, L, Adult S, M, L, XL)

Did your child play last year/ who was the Coach \_\_\_\_\_

Was their uniform turned in:  Yes  No if not, it must be turned in or paid for before another one can be issued.

Event: \_\_\_\_\_ Cost: \_\_\_\_\_ Registration Deadline: \_\_\_\_\_  
**Basketball (Grades 4-8): \$65.00 September 30<sup>th</sup>, 2011**

In lieu of an individual sport registration fee, **a family fee of \$275** may be paid to CYO for all children in a family for all CYO sports. The fee must be paid up front.

Please list other siblings and their grades paid for on this check: \_\_\_\_\_  
**(Each participant must fill out a separate registration form)**

**Are there any school/Parish weekend scheduling conflicts that we should know about? (Please include conflicts and dates)**

\_\_\_\_\_

**Volunteer Information**

In order for our CYO sports program to be successful, we need many volunteers. Please check the areas where you are willing to help.

Coaching  Scorekeeper  Other

**Medical Waiver and Team Uniform Agreement**

I, the undersigned, in consideration of allowing my son/daughter to participate in St. Anthony's Athletic Association programs, voluntarily assume all risks and liability from accident, and/or damage to property, to, and/or, by my son/daughter, and to hold the St. Anthony's Athletic Association, directors, coach's and sponsors harmless from any and all claims arising from his/her participation of said program. I also agree to allow emergency treatment of injuries, in the event I am not present except \_\_\_\_\_ (no exceptions if not written).

This medical waiver, once on file with St. Anthony's Athletic Association, will cover any programs sponsored by the St. Anthony's Athletic Association in which your son/daughter participates throughout the current school year and the following summer, unless rescinded in writing to the St. Anthony's Athletic Association. A copy of this waiver is to be in the possession of your child's coach while he/she is practicing/participating in the St. Anthony's Athletic programs.

Within one week of the final season game, I agree to return my child's team uniform to the head coach. I understand that if I do not return the uniform within this time period or if the uniform is lost or destroyed by negligence, I will reimburse St. Anthony's C.Y.O. an amount of \$60 per uniform.

I am the Parent or Guardian of \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For CYO Use Only:

Individual Fee Paid: \$ \_\_\_\_\_ Family Fee Paid: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_