

ST. ALPHONSUS CYO *Basketball* Registration
Grades 5 through 8 - 2007-2008

CHILD'S NAME: _____ DATE OF BIRTH: _____

Program Boys / Girls (*CIRCLE ONE*) **GRADE** 5 6 7 8 (*CIRCLE ONE*)

Yes / No (*CIRCLE ONE*) WOULD YOU LIKE YOUR PLAYER CONSIDERED FOR THE "A" TEAM OR VARSITY TEAM

STREET ADDRESS: _____

POST OFFICE: _____ ZIP: _____ TOWNSHIP: _____

SCHOOL: _____ GRADE: _____ PARISH: _____

FATHER'S NAME: _____ TELEPHONE (HOME): _____

TELEPHONE (CELL): _____

E: MAIL: _____

MOTHER'S NAME: _____ TELEPHONE (HOME): _____

TELEPHONE (CELL): _____

E-MAIL: _____

_____ WOULD LIKE TO BE CONSIDERED AS A COACH

_____ WOULD LIKE TO VOLUNTEER TO HELP THE TEAM

MEDICAL AUTHORITY AND HEALTH INSURANCE INFORMATION

MY SON / DAUGHTER _____ HAS MY PERMISSION TO PARTICIPATE IN THE SPORTS PROGRAMS CONDUCTED BY ST. ALPHONSUS CYO. MY SON/DAUGHTER IS PHYSICALLY FIT TO PARTICIPATE IN THE SPORTS PROGRAMS AND I AGREE TO RETURN ANY ISSUED EQUIPMENT AND UNIFORMS AT THE END OF THE SEASON.

IN CASE OF MEDICAL EMERGENCY AND WHERE I CANNOT BE REACHED IN ADVANCE, I GIVE PERMISSION TO THE PHYSICIANS SELECTED BY THE OFFICERS, DIRECTORS, MANAGERS, COACHES AND/OR AGENTS OF THE CYO TO SECURE PROPER MEDICAL TREATMENT FOR MY CHILD. I CERTIFY THAT MY CHILD IS COVERED UNDER THE FOLLOWING HEALTH INSURANCE COVERAGE:

INSURANCE COMPANY: _____ GROUP NUMBER: _____

PARENT SIGNATURE: _____ DATE: _____

REGISTRATION FEE: \$75 CASH OR CHECK PAYABLE TO ST. ALPHONSUS CYO

AN ADDITIONAL \$50 WILL BE COLLECTED DURING THE SEASON FOR VARSITY PLAYERS

(MAKE A NOTE OF OUR \$300 FAMILY MAXIMUM PER SPORT, PER SEASON)

**THE REGISTRATION FORM AND CHECK CAN BE RETURNED DURING LIVE REGISTRATION
OR BY ANY ONE OF THE FOLLOW WAYS:**

Mail
CYO BASKETBALL REGISTRATION
C/O TOM DURLING

931 FRANKLIN LANE
MAPLE GLEN, PA 19002

DELIVER TO SCHOOL
ATTENTION: CYO BASKETBALL REGISTRATION

E-MAIL QUESTIONS TO
CYOSPORTS@STALPHONSUS.COM