

**ST. PAUL 2<sup>nd</sup> Grade CLINIC CYO BASKETBALL PLAYER REGISTRATION  
FORM**

**PLAYER INFORMATION (PLEASE PRINT)**

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL #: \_\_\_\_\_

**EMERGENCY CONTACTS (PLEASE PRINT)**

FIRST \_\_\_\_\_ SECOND \_\_\_\_\_

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

PHONE#: \_\_\_\_\_ PHONE#: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**MEDICAL HISTORY (PLEASE PRINT)**

1. OPERATIONS OR SERIOUS INJURIES  
(DATES): \_\_\_\_\_

2. CHRONIC OR RECURRING ILLNESS:  
\_\_\_\_\_

3. DOES YOUR CHILD HAVE ASTHMA?  
\_\_\_\_\_

4. WHAT MEDICATION (IF ANY) IS YOUR CHILD TAKING?  
\_\_\_\_\_

**PHYSICIAN INFORMATION (PLEASE PRINT)**

PHYSICIAN NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**JERSEY INFORMATION ( INCLUDED IN REGISTRATION COST )**

( SPECIFY SIZE : YOUTH S, M, L )

CLINIC SHIRT SIZE: \_\_\_\_\_

## **ST. PAUL 2<sup>nd</sup> Grade Clinic CYO BASKETBALL**

Our 2<sup>nd</sup> Grade clinic is designed to introduce basketball to young players in a fun educational way. Focusing on fundamental basketball skills and rules using smaller basketballs and 8.5' baskets. The session will be one hour in length on Sunday afternoons from 2-3pm FROM November 11<sup>th</sup> thru Jan 13<sup>th</sup>. It is required that a parent stay for that hour.

**PARENTAL INVOLVEMENT IS ALWAYS NEEDED.** IF INTERESTED, PLEASE CONTACT JOE LYNCH AT [JoeLynchCYO@stpaulrcchurch.org](mailto:JoeLynchCYO@stpaulrcchurch.org) OR call 914-325-2473.

### **2<sup>ND</sup> Grade Clinic CYO BASKETBALL FEES**

REGISTRATION FEE PER PLAYER

**\$50**

Fee includes a St Paul Clinic T-Shirt. Please indicate shirt size on bottom of information sheet.

**MAKE CHECKS PAYABLE TO ST. PAUL RC CHURCH (PLEASE ATTACH WITH ALL REGISTRATION FORMS) AND DROP THEM OFF AT THE PARISH CENTER BY SATURDAY NOV 3<sup>rd</sup>.**

### **Drop off checklist:**

**Signed Code of Conduct Agreement**

**Signed Consent Form and Liability Waiver**

**Registration Form with all information complete**

**Check made out to St Paul RC Church**