

ST. PAUL 2nd 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 2nd Grade Clinic CYO BASKETBALL

Our newly formed 2nd 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 December 10th thru Feb 11th. 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 OR call 914-325-2473.

2ND Grade Clinic CYO BASKETBALL FEES

REGISTRATION FEE PER PLAYER \$25

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 18TH**.

Drop off checklist:

Signed Code of Conduct Form

Signed Team Rules Form

Registration Form with all information complete

Check made out to St Paul RC Church