

**ST. PAUL PARISH CYO BASKETBALL PLAYER REGISTRATION FORM**

**PLAYER INFORMATION (PLEASE PRINT)**

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

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

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

CITY: \_\_\_\_\_ WORK#: \_\_\_\_\_

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

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

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: \_\_\_\_\_

**UNIFORM INFORMATION (PLEASE CIRCLE ONE OF THE FOLLOWING OPTIONS )**

WE DO NOT NEED A NEW UNIFORM. LAST YEARS JERSEY NUMBER IS : \_\_\_\_\_

OR

WE NEED A NEW UNIFORM THIS YEAR ( SPECIFY SIZE : YOUTH S,M,L,XL, ADULT S, M, L, XL )

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

SHORT SIZE: \_\_\_\_\_

## **ST. PAUL CYO BASKETBALL**

CYO BASKETBALL SEASON IS ALMOST HERE! IT IS OPEN TO 3<sup>RD</sup> THROUGH 8<sup>TH</sup> GRADE BOYS AND GIRLS WHO RECEIVE FAITH FORMATION AT ST. PAUL PARISH OR ATTEND THE ACADEMY OF ST. PAUL. CYO IS A COMPETATIVE, TRAVEL, BASKETBALL LEAGUE THAT COMPETES WITH AS MANY AS 7 OTHER NEW JERSEY PARISHES IN THE NORHERN VALLEY CYO LEAGUE.

SINCE THIS IS A COMPETATIVE LEAGUE, EVALUATIONS FOR OLDER PLAYERS MAY BE NECESSARY AS TEAMS CAN ONLY SUPPORT A MAXIMUM OF 12 PLAYERS; THESE EVALUATIONS WILL BE HELD SOMETIME IN LATE OCTOBER. PRACTICES WILL BEGIN IN NOVEMBER WITH GAMES BEGINING IN EARLY DEC EMBER AND RUN THROUGH THE END OF FEBRUARY. LEAGUE PLAYOFFS ARE IN EARLY MARCH. WE ARE ALSO PLANING A CHRISTMAS TOURNAMENT THIS YEAR.

**COACHES ARE ALWAYS NEEDED.** IF INTERESTED, PLEASE CONTACT JOE LYNCH AT JoeLynchCYO@stpaulrcchurch.org OR call 914-325-2473.

### **CYO BASKETBALL FEES**

1 <sup>ST</sup> PLAYER	\$170
2 <sup>ND</sup> PLAYER (SIBLING)	\$130
3 <sup>RD</sup> PLAYER (SIBLING)	\$105

UNIFORMS ( Youth; S,M,L,XL OR ADULT; S,M,L,XL )

SHORTS & SHIRTS	\$65
SHORTS ONLY	\$30
SHIRTS ONLY	\$40

MAKE **CHECKS PAYABLE TO ST. PAUL RC CHURCH** (PLEASE ATTACH WITH ALL REGISTRATION FORMS) AND DROP THEM OFF AT THE **PARISH CENTER BY SATURDAY OCT 14<sup>TH</sup>**.

### **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**