

OLM CYO BASKETBALL REGISTRATION FORM

Registration Fee: Paid Y N (Check No. _____ Cash _____)

Name _____ Age _____

Address _____ Tel _____

Email _____

School _____ Parish _____

Grade (as of Sept. 20__): _____ Birth Date _____

Did you play CYO last year? Y N What parish? _____

If you submitted a Baptismal Certificate last year we have it on file. Non-Catholics must submit a copy of their Birth Certificate each year. First year Catholic players must submit a copy of BAPTISMAL CERTIFICATE (not birth certificate.)

Through your signed permission, you and your child, make a commitment to our CYO Program and their Team. **REGULAR ATTENDANCE AT CCD CLASSES IS REQUIRED IN ORDER TO PARTICIPATE ON A CYO TEAM.**

MY CHILD AND I HAVE READ THE CYO INFORMATION SHEET.

Parent(s) Name(s) (print): _____

Parent(s) signature: _____

SHIRT SIZE _____ SHORT SIZE _____

Name of coach from previous year _____

ALL REGISTERED NON-CATHOLIC PLAYERS WILL BE PLACED ON A WAITING LIST, UNTIL FINAL TEAM ROSTERS ARE DETERMINED.