

ST. AUGUSTINE'S CYO REGISTRATION

PLAYERS NAME _____

ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

DATE OF BIRTH _____

SCHOOL _____ GRADE IN SEPT. _____

PARENT'S NAMES _____

EMAIL _____

DID YOUR CHILD PLAY IN A ROCKLAND CYO BASKETBALL PROGRAM

LAST YEAR (2017-18 SEASON)? **YES - NO**

IF **YES** - WHAT PARISH DID YOUR CHILD PLAY FOR? _____

ARE YOU REGISTERED MEMBERS OF ST AUGUSTINE PARISH? **YES - NO**

ARE YOU CATHOLICS? **YES - NO**

NON PARISHIONERS MUST PLAY WITHIN THE BOUNDRIES OF THE PARISH THAT THEY RESIDE.SIBLINGS MUST PLAY IN THE SAME CYO PROGRAM.

I HEREBY GIVE MY CONSENT FOR MY CHILD _____ TO PARTICIPATE IN THE
ST AUGUSTINE CYO BASKETBALL PROGRAM.

SIGNATURE _____ DATE _____

ARE YOU A PARENT OR FAMILY MEMBER WILLING TO PARTICIPATE IN THE ST AUGUSTINE CYO
BASKETBALL PROGRAM? **YES - NO** IF **YES** CHECK OFF COACH _____ TEAM PARENT _____

NAME _____ PHONE # _____

PLEASE INDICATE WHETHER YOU NEED TO ORDER A UNIFORM. **YES - NO**

REFUND POLICY - A FULL REFUND WILL BE GIVEN PRIOR TO FIRST PRACTICE.A 50% REFUND WILL BE
GIVEN PRIOR TO THE FIRST GAME AFTER THE PRACTICES HAVE STARTED.

AMOUNT PAID _____ **CASH** _____ **CHECK #** _____