

**St. Catharine's Youth Program
CYO Basketball Registration Form
2010-2011 Season**

Office Use Only:

Boys: R, B, SF, T, JVB, VB

Girls: N, G, C, D, JVG, VG

Players Name: _____

Address: _____ **Town:** _____

Phone _____ **D.O.B.** _____ **Grade in Sept. 2010:** _____

Email _____

Are you a registered member of the Parish? _____

What day do you attend PREP? Sun __ Mon __ Wed __ (please check which day)

Did your child play CYO last year? Yes _____ Coach _____ No _____

Parents/Players: In applying to St. Catharine's Basketball Program we promise to observe the following regulations to the best of our ability:

- To be an example of good Christian Life and good citizenship
- To faithfully observe the responsibilities of my Catholic faith especially by regularly attending Sunday Mass
- To be a student in good standing at PREP with good attendance and showing respect for the teachers
- To show respect and courtesy at all times to coaches
- To observe sportsman-like behavior and fair play at all times
- To respect the property of others and to encourage others to do the same

*I realize that failure on my part to observe any of these regulations may result in temporary or permanent suspension from my team.

Signature of Parent _____

Signature of Player _____

Parents: We need adult assistance for our program to continue to run successfully. Each family is expected to volunteer to work the door and hallway during the season. Your coach or team parent will give out a schedule.

If you can help in other areas please check below:

Coach/Asst.Coach _____ Team Parent _____ Photos _____ Awards Dinner _____

Uniform Size (Circle size)

Top: **YL Ad Sm Ad Med. Ad Lge Ad XL**

Shorts: **YL Ad Sm Ad Med. Ad Lge Ad XL**

Parents Initials _____

Fee: Parishioner 1 Child- **\$130** (\$110 reg.,\$10 Tm Photo,\$10 Hallway Security)
 2 Children **-\$210** (\$180 reg.,\$20 Tm Photo,\$10 Hallway Security)
 3 Children **-\$290** (\$250 reg.,\$30 Tm Photo,\$10 Hallway Security)

Amount Paid _____

Date _____