

**St. Anthony CYO
Basketball Registration Form**

Player Last Name: _____ Player First Name: _____

Date of Birth: _____ Circle: Male or Female _____ Age Prior to Sept 1st: _____

School Attending: _____ Grade: _____

Parent/ Guardian Name(s): _____

Address (Please no PO Boxes): _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

FEE, UNIFORM AND PLACEMENT AGREEMENT

Uniform Size: Shorts: _____ Shirt: _____

Please Note:

I/we understand that full Registration Fee is required before the player may participate and be issued a uniform.

I/ we agree to return at the end of the season, or upon request, the uniform issued to my child. If this is not done I understand there is a replacement cost of \$50.

We strive to place your child in the appropriate playing Division (if applicable) according to skill set. Rosters are determined by the coaching staff and/or Program personell. I/we agree to such placement.

Parent/ Guardian Signature(s): _____

Date: _____

OFFICE USE ONLY

Registration Fee \$125

Merchandise

Total Paid

Type of Payment: **Check #** _____

Cash (provide receipt if paid by cash)

If No money received check box to indicate the player is placed on a waiting list until full payment is received

	Yes	No
Returning Player?	<input type="checkbox"/>	<input type="checkbox"/>
If "No" is the Birth Certificate Attached?	<input type="checkbox"/>	<input type="checkbox"/>
Medical Form Completed?	<input type="checkbox"/>	<input type="checkbox"/>