

Please PRINT neatly
and legibly

ST. AUGUSTINE'S

CYO REGISTRATION

PLAYER'S NAME _____

ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

DATE OF BIRTH _____

SCHOOL _____ GRADE IN SEPTEMBER _____

PARENTS' 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 ___

NOTE: NON-PARISHIONERS MUST PLAY WITHIN THE BOUNDARIES OF THE PARISH THAT THEY RESIDE IN.
SIBLINGS MUST PLAY IN THE SAME CYO PROGRAM.

PARENTAL CONSENT:

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

PARENT'S 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 ONE: 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.**

FOR OFFICE USE ONLY: AMOUNT PAID _____ CASH _____ CHECK # _____