

Parish of St. Joachim
CATHOLIC YOUTH ORGANIZATION (CYO)

GIRLS BASKETBALL REGISTRATION FORM

Registration Fee: \$35.00 - One Player
\$20.00 - Each Additional Player per Family

SCHOOL GRADE

PLEASE PRINT

Child's Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Birthdate: _____ Age: _____

School now attending: _____ Parish in which you reside: _____

During 1994-1995 did you attend: St. Joachim CCD Y/N ___; St. Joachim School Y/N ___

We are registered parishioners of St. Joachim's Church: Yes ___ No ___

----- FEE AND UNIFORM AGREEMENT -----

I/We agree to pay the sum of \$35 (\$20) for entry fees and CYO insurance for my/our child's participation

I/We understand that CYO insurance is excess insurance and that recourse must first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours.

I/We agree to return, at the end of the season or upon request, any uniforms and/or equipment issued to my/our child in as good a condition as when received except for normal wear and tear. If this is not done, I/We understand that there is a replacement cost of \$60.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

DO NOT WRITE IN THIS BOX

Returning Player:
Birth Certificate # _____

New Player:
Birth Certificate Attached: Y / N
New Birth Certificate # _____

ELIGIBILITY:
 A- Attends St. Joachim School
 B- Resides in Parish Boundaries
 C- Non-Resident CCD - Letter attached: Y / N
If above is "B", attach PROOF OF RESIDENCE: Y / N
MEDICAL FORM: Y / N * CODE OF CONDUCT Y/N
Amount paid: _____ Check #: _____ Cash: _____