

# ST. ANNE'S CATHOLIC CHURCH: **CYO Registration Form**

## REGISTRATION REQUIREMENTS



1. Child must attend St. Anne's School or be an active participant of the St. Anne's Religious Education Program.
2. Parents are required to volunteer their time, for the program to continue its success as seen fit by the athletic director.
3. Completion of Medical Release Form and Youth Promise forms.
4. If this is your child's 1<sup>st</sup> year participating in the CYO program, please provide a copy of their baptism certificate.

### SPORT & PAYMENT INFORMATION

Payments are received in **CASH** or **CHECK**, please make checks payable to "St. Anne's CYO." Please make payments on the Registration Dates in St. Anne's Hall.

SPORT	Cost (1 Child)	Cost (2 Children)	Cost (3 Children)	GRADES	DEADLINE TO SIGNUP	SEASON
<b>Cross Country</b>	\$60	\$110	\$150	K-8	Friday, August 16, 2019	August-October
<b>Girls Basketball</b>	\$130	\$240	\$330	3-8	Friday, August 16, 2019	August-October
<b>Boys Basketball</b>	\$130	\$240	\$330	3-8	Friday, October 4, 2019	November-February
<b>Girls Volleyball</b>	\$75	\$165	\$240	3-8	Friday, February 14, 2020	March-May

### CHILD'S INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Gender** (Mark with an X):  Male  Female **Date of Birth** (mm/dd/yyyy): \_\_\_\_\_

**Shirt Size** (Mark with an X):  Youth XS  Youth S  Youth M  Youth L  Youth XL  
 Adult XS  Adult S  Adult M  Adult L  Adult XL

**Short Size** (Mark with an X):  Youth XS  Youth S  Youth M  Youth L  Youth XL  
 Adult XS  Adult S  Adult M  Adult L  Adult XL

**Attends** (Mark with an X):  St. Anne's Religious Education  St. Anne's Catholic School

**Grade in School:** \_\_\_\_\_ **Name of School:** \_\_\_\_\_

**What sport are you registering for:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Child Lives with** (Mark with an X):  Mom & Dad  Dad Only  Mom Only  Other: \_\_\_\_\_

### FATHER'S INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

IF DIFFERENT THAN CHILD'S

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### MOTHER'S INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

IF DIFFERENT THAN CHILD'S

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### FOR PARISH OFFICE USE ONLY

**Attends Religious Education or St. Anne's School:** \_\_\_\_\_ **Completed Medical Release & Youth Promise Packet:** \_\_\_\_\_

**Baptism Certificate:** \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_ **Total Paid:** \$ \_\_\_\_\_

**Received On:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Check:** \_\_\_\_\_ **Ck#:** \_\_\_\_\_