

ST AUGUSTINE'S CYO REGISTRATION FORM

NAME _____

ADDRESS _____

TELEPHONE _____

ALT PHONE _____

DATE OF BIRTH _____

SCHOOL _____ GRADE IN SEPT. _____

PARENT'S NAMES _____

EMAIL _____

ARE YOU REGISTERED MEMBERS OF ST AUGUSTINE PARISH? **YES - NO**

ARE YOU CATHOLICS? **YES - NO**

WHAT PARISH DO YOU BELONG TO? _____

NON CATHOLICS/NON PARISHIONERS MUST PLAY WITHIN THE BOUNDRIES OF THE PARISH THAT THEY RESIDE

SIBLINGS SHOULD BE PLAYING IN THE SAME CYO PROGRAM

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

SIGNATURE _____ DATE _____

ARE YOU A PARENT OR FAMILY MEMBER WILLING TO PARTICIPATE IN THE ST AUGUSTINE'S CYO BASKETBALL PROGRAM? YES ___ NO ___ IF YES PLEASE CHECK OFF COACH ___ TEAM PARENT _____

NAME _____ PHONE NUMBER _____

PLEASE INDICATE WHETHER YOU WISH TO ORDER THE UNIFORM ITEMS CHECKED BELOW. YES - NO

UNIFORM SIZE BOY _____ GIRL _____

SHORTS _____ SHIRT _____ NUMBER _____ WARM UP SHIRT _____ PANTS _____

REFUND POLICY-A FULL REFUND WILL BE GIVEN PRIOR TO THE FIRST PRACTICE.

A 50% REFUND WILL BE GIVEN PRIOR TO THE FIRST GAME AFTER THE PRACTICES HAVE STARTED.

AMOUNT PAID _____ CASH _____ CHECK _____