

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 # \_\_\_\_\_