

ST. JOSEPH'S CYO BASKETBALL
2017 SUMMER REGISTRATION FORM

PLEASE PRINT NEATLY:

Student Athlete Name _____

Address: _____

City _____ St _____ Zip Code _____

Home Phone # _____

Date of Birth _____ / _____ / _____ Gender: _____ Male _____ Female

Current Grade _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7

Will this child be playing on another Summer Sports Team? _____ Yes _____ No

If yes what Sport/Activity? _____

Uniform Size: Shirt: _____ YS (6-8) _____ YM (10-12) _____ YL (14-16) _____ AS _____ AM _____ AL _____ AXL _____ AXXL

Parent #1/Guardian Name (Print) _____

Parent #2/Guardian Name (Print) _____

Parent #1/Guardian Cell Phone _____

Parent #2/Guardian Cell Phone _____

Parent #1/Guardian /Guardian Email(Print) _____

Parent #2/Guardian Email (Print) _____

List any Illness or Medical condition Coaches should be aware

PARENT/GUARDIAN DECLARATION

I hereby give my child permission to participate for St. Joseph CYO Summer League Basketball. I understand that participation in athletic activities may result in serious injury. By my signature, I do hereby waive, release, absolve, indemnify and agree to hold harmless the Parish of St Joseph, their employees and parish volunteers for any claim arising out of injury to my child as result of their participation in CYO sports.

Date: _____ Parent/Guardian Signature: _____

Registration Fee: \$50

Please make check payable to: St. Joseph CYO

Mail to: 96 Oakview Ave, Maplewood, NJ 07040