

St. Joseph's CYO 2016-2017 Basketball Registration Form – Grades 4th - HS

Mail to: 189 Wetherill Rd. Garden City NY 11530

____ New Registrant **Grades 4 - HS** Prior Season Coach _____

____ Girls ____ Boys Parent Email _____ Alternate E-Mail _____

Player's First Name _____ Last Name _____

Address _____ Town _____ Zip Code _____

Grade _____ (as of Sept. 2016) Birth date _____ School _____

____ Parish _____ Home _____

Phone _____ Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Please list any medical problems that the coach should be aware of (Asthma, etc....if none, please indicate) _____

Emergency Contact _____ Phone _____

Parent/Legal Guardian's Signature _____

I would like to volunteer for: Coach _____ Asst. Coach _____ Scorekeeper/administration _____

1. Registration Fee, Grades 4-8 and HS **Fall and Winter**(\$125) \$ _____
2. Uniform Cost for New Players or Returning Players reordering (\$25 Jersey, \$10 Shorts) \$ _____
3. **TOTAL ENCLOSED** - checks should be made payable to: **St. Joseph's CYO**.....\$ _____

Girls Grade 4-8 due September 23rd, Boys 4-8 due October 5th, Boys HS (Non JV/Varsity player) due December 1st.

COMPLETE THE BELOW SECTION ONLY IF ORDERING A UNIFORM. Please include Uniform Total Above in Item #3.

Uniform Size (All new players and returning players *ordering a new uniform) please complete below:

***Returning players, when reordering: Please provide the Assigned Uniform Number from Last Year _____**

Jersey : (\$25.00) _____ Shorts (\$10.00): _____

Youth	Adult	Youth	Adults
Small _____	_____	Small _____	_____
Medium _____	_____	Medium _____	_____
Large _____	_____	Large _____	_____
X Large <u>N/A</u> _____	_____	X Large <u>N/A</u> _____	_____