

# St. Augustine's CYO Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Grade in September \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Parents Names \_\_\_\_\_ Email \_\_\_\_\_

Uniform Size	Boy	Girl						
Shirt	YS_____	YM_____	YL_____	YXL_____	AS_____	AM_____	AL_____	AXL_____
Shorts	YS_____	YM_____	YL_____	YXL_____	AS_____	AM_____	AL_____	AXL_____
Pants	YS_____	YM_____	YL_____	YXL_____	AS_____	AM_____	AL_____	AXL_____
Top	YS_____	YM_____	YL_____	YXL_____	AS_____	AM_____	AL_____	AXL_____

WE ARE / WE ARE NOT CATHOLICS. NON CATHOLICS MUST RESIDE WITHIN THE BOUNDARIES OF ST. AUGUSTINE PARISH.

WE ARE / WE ARE NOT REGISTERED MEMBERS OF ST. AUGUSTINE PARISH. IF YOU ARE NOT A PRAISHIONER, PLEASE INDICATE THE NAME OF THE PARISH THAT YOU BELONG TO \_\_\_\_\_

**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 practices have started.**

## Parental Consent

I hereby give my consent for my child \_\_\_\_\_ to participate in the activities of the St. Augustine's 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 \_\_\_\_\_, Snack Bar Coordinator \_\_\_\_\_ or Gym Supervisor.

Name \_\_\_\_\_ Number \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check Number \_\_\_\_\_