

ANNUNCIATION CYO 2018 GIRLS BASKETBALL SEASON

REGISTRATION & AGREEMENT DEADLINE September 1, 2018

ATHLETE: _____ DOB: _____ AGE @ 8/1/17 _____

SCHOOL: _____ GRADE: _____ ENROLLED IN CCD? Y N N/A

PRACTICE JERSEY SIZE NEEDED: _____ (Part of registration)

Additional \$70

UNIFORM SIZE top _____ shorts _____ (sizing will be available at the first week of practice)

Uniform # Preference (Please provide 3 choices or one will be assigned): _____, _____, & _____

DID YOU PLAY FOR ANOTHER PARISH LAST YEAR? IF YES, PARISH?: _____

FATHER'S NAME: _____ CELL PHONE: _____

MOTHER'S NAME: _____ CELL PHONE: _____

ATHLETE'S ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE NUMBER: _____

EMAIL(S): _____

PRIMARY PHYSICIAN: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

(We must have this Emergency Contact Completed)

* I, the parent/guardian of the athlete, agree that, I and the athlete, will abide by all the rules established in the Diocese of Stockton CYO Athletic Guidelines. Recognizing the possibility of physical injury associated with basketball and in consideration for Annunciation CYO accepting the athlete for its programs, I hereby release, discharge and/or otherwise Indemnify the Diocese of Stockton and Annunciation CYO and associated volunteers, including coaches, against any claim or on behalf of the athlete as a result of the athlete's participation in the program or being transported to or from the same, which transportation I hereby authorize. _____ Initials

*As the parent or legal guardian of the above named athlete, I hereby give consent for emergency medical care prescribed by a Duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to Preserve life, limb or well-being of my dependent. _____ Initials

*As the Parent or Legal Guardian, I understand participation is Mandatory (and APPRECIATED!) during home games and/or tournaments.

I agree to volunteer in one or more of the following areas:

_____ Setting up or tearing down gym for home games _____ Snack Bar

Please contact your Coach or CYO Athletic Director for girls basketball and volleyball Eba Martinez ebamartinez.1974@gmail.com

* As a Parent or legal guardian, I have read and understand and agree to all the statements listed above. _____ Initials

Program registration fees (includes practice jersey & game jersey): \$190.00 for the 1st player; siblings \$170.00 per player. Please make checks payable to Annunciation CYO, memo Girls Basketball. Forms and payment can be dropped off at the Parish House 425 W. Magnolia Street, or mailed in to the Parish House ATTN: Matt Errecart or Annunciation School ATTN: Matt Errecart

Signature of Parent or Guardian: _____ Date: _____

FEE PD: _____ CHECK # _____ BAPTISM CERT: _____ BIRTH CERT: _____
ADDITIONAL PLAYERS PD W/ THIS CHECK: NAME: _____ GRADE: _____
NAME: _____ GRADE: _____ NAME: _____ GRADE: _____