

ANNUNCIATION CYO 2019 GIRLS BASKETBALL SEASON

REGISTRATION & AGREEMENT DEADLINE September 3, 2019

ATHLETE: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE @8/1/19 \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ ENROLLED IN CCD? Y N N/A

PRACTICE JERSEY SIZE NEEDED: \_\_\_\_\_ (Part of registration fee \$125)

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: \_\_\_\_\_

\* 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

*Questions and concerns, please contact your Coach or CYO Athletic Director for girls basketball and volleyball  
Eba Martinez ebamartinez1974@gmail.com*

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

**CYO registration fees** (includes practice shirt): **\$125.00** for the 1st player; siblings \$100.00 per player. If you are **purchasing new jersey**, please add an **additional \$70.00**. 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/guardian \_\_\_\_\_ Date \_\_\_\_\_

FEE PD: CHECK # BAPTISM CERT: BIRTH CERT: \_\_\_\_\_ ADDITIONAL PLAYERS PD W/ THIS CHECK:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_