

ST. PANCRAS C.Y.O.

Boys/Girls Basketball Clinic

REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Child's Name _____ Age _____ DOB _____

Address _____

Home Telephone _____ School _____ Grade _____

EMAIL ADDRESS _____

ALTERNATIVE EMAIL ADDRESS _____

Mother's Name _____ Cell _____

Father's Name _____ Cell _____

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

1. My child has my permission to participate in the St. Pancras C.Y.O. Instructional Basketball Clinic.
2. I agree to pay the registration fee required by the organization specified on this form.
3. If my child is injured while playing the sport, I understand C.Y.O. insurance can only be used as secondary coverage.
4. I realize that if my child quits on his/her own accord or is asked to leave due to absenteeism, unsportsmanlike conduct or actions contrary to the principles of the Catholic Youth Organization, there will be no refund of the registration fee.

Print Parent/Guardian's Name

Signature of Parent/Guardian Date

PLEASE MAKE YOUR CHECK PAYABLE TO: ST. PANCRAS CYO

FEE: \$75 per Child	
Check# _____	Total Amount:\$ _____
Cash: \$ _____	TOTAL PAID \$ _____

UNIFORM SIZE
T-Shirt
Sweatpants

St. Pancras C.Y.O. Staff Member

Date