

**COMPLETE AND SUBMIT BY EMAIL TO:** [CYO@SAINTMONICAVERSE.NET](mailto:CYO@SAINTMONICAVERSE.NET)

St Monica CYO Registration							
Name: _____		DOB: _____		SPORT <b>Basketball</b>			
Address: _____				City/Zip: _____			
Gender: Male      Female		Grade: _____		Main Contact #: _____			
School Attending: _____				Registered Parishioner of St Monica: Yes      No			
Mother: _____		Email _____		Uniform Size _____  Jersey _____ Jersey # _____			
Cell 1: _____							
Father: _____		Email _____					
Cell 2: _____							
<b>We Need your HELP! Please circle one of the below if you are interested in coaching.</b>							
Head Coach		Asst Coach		Team Minister		Team Parent	
Would you like your child to play up? Yes      No      Initial: _____				If we need to complete a team would it be ok for your child to play up? Yes      No      Initial: _____			
Did your child play in this sport last year for St Monica?				Yes      No			
If Yes, what was the coaches name? _____							
Monetary Donation (this will be used to purchase Jerseys)				\$ _____			
<b>Refund Policy</b> Player drops before commitment night      Full Refund (minus \$15 form fee) Player drops between commitment night/season opens      1/2 Refund (minus \$15 form fee) Player drops after season begins      No refund Team does not form      Full Refund							
Signature: _____				Date: _____			
*Type full name for signature.							
Reg Fee: _____		Cash/Check # _____		\$35 returned check fee			
Fundraiser Buy Out: _____		Volunteer Buy Out: _____					
BC Checked By: _____		City of Birth: _____					
CYO Board Signature: _____		Date: _____					

**ONCE REGISTRATION FORM IS COMPLETED SUBMIT BY EMAIL TO:**  
[CYO@SAINTMONICAVERSE.NET](mailto:CYO@SAINTMONICAVERSE.NET)

Note: REGISTRATION FEES WILL BE COLLECTED DURING THE FIRST WEEK OF PRACTICE