

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

## St Monica CYO Registration

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SPORT **Basketball**

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Gender: Male Female Grade: \_\_\_\_\_ Main Contact #: \_\_\_\_\_

School Attending: \_\_\_\_\_ Registered Parishioner of St Monica: Yes No

|               |             |                |
|---------------|-------------|----------------|
| Mother: _____ | Email _____ | Uniform Size   |
| Cell 1: _____ | _____       |                |
| Father: _____ | Email _____ | Jersey _____   |
| Cell 2: _____ | _____       | Jersey # _____ |

**We Need your HELP! Please circle one of the below if you are interested in coaching.**

Head Coach                      Asst Coach                      Team Minister                      Team Parent

|  |  |
|--|--|
| Would you like your child to play up?<br>Yes      No      Initial: _____ | If we need to complete a team would it be ok for your child to play up?<br>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