

COMPLETE AND SUBMIT BY EMAIL TO: CYO@SAINTMONICAVERSE.NET

St Monica CYO Registration

Name: _____ DOB: _____ SPORT Volleyball Soccer Flag Football

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? Yes No Initial: _____	If we need to complete a team would it be ok for your child to play up? Yes No Initial: _____
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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) \$ _____

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