

2018-2019 St. Luke CYO Basketball Registration Form

Child's Name: _____ Phone: _____

Address: _____ Emergency # _____

_____ Email: _____

Date of Birth: _____ Grade: _____ School: _____

Mother's Name: _____ Father's Name: _____

I/We would like to volunteer as: Head Coach ___ Asst. Coach ___ Time Keeper ___

Permission statement

As parent or guardian, I hereby give my child permission to participate in the 2018-2019 St. Luke CYO basketball program. In the event of any injury to my child, I authorize the coaches to arrange transportation to a nearby medical facility if I am unavailable.

Signature: _____ Date: _____

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Fee \$170: Check #: _____ (make payable to St. Luke Parish) Cash: _____

Please Check all that apply: St. Luke Parishioner ___ Non Parishioner ___ Non Catholic ___

Attach copy of: Baptism Cert.: ___ Birth Cert.: ___ (**NOTE:** If your child played for a St. Luke CYO Basketball team **during the 2017-2018 season** then you do not need to submit copies. **All others** will need to submit the required documents – even if your child had played during the 2016-2017 season or prior. Thank you!)

Name of Policy Holder: _____

Health Insurance Carrier: _____

Policy No. _____

PLEASE NOTE: THE PATERSON DIOCESE RULES ONLY ALLOW 2 NONCATHOLIC PLAYERS ON A TEAM. CYO DIRECTOR SHALL STRICTLY ENFORCE THIS RULE TO INSURE COMPLIANCE AND LIMIT ROSTER SIZE.