# Catskill Community Center
# Catskill Youth Basketball Program

## 2017 - 2018 Registration

Player's Last Name:_____First Name:_____

Address:_____Town:_____

State:_____Zip:_____Phone:(  )_____E-mail:_____

Sex: M / F  Birth date:_____School:_____Grade:_____

Parent(s) / Guardian(s):_____Work #:_____Cell #:_____

Parent(s) / Guardian(s):_____Work #:_____Cell #:_____

Emergency Contact:_____Phone #: (  )_____

**Consent for Medical Treatment:**
As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent / Guardian:_____

Medical Insurance Co:_____ID#:_____

Shirt Size (circle one): YM YL AS AM AL AXL Height:_____

The above player has / has not participated in CYO Basketball previously. (circle one)

If yes, which team / coach:_____

The above player is planning on trying out for Modified Basketball: yes / no.

Above parent / guardian will volunteer:_____
Please circle one: Coach Assistant Coach Scorebook / Clock
Chaperone

**Registration Fees: $55**
***10% Discount on Registrations received by July 31, 2017***

Make checks payable to: **Catskill Community Center**
**P.O. Box 389**
**Catskill, NY 12414**

**DECEMBER 2, 2017 PROGRAM START DATE**

**For Club Use Only**
**Date Rec'd:_____**
**Amount:_____**
**Check #_____**
**Cash_____**
**Team_____**