Catskill Youth Basketball
2010 Registration

Player's Last Name:_____First Name:_____

Address:_____Town:_____

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

Sex: M / F Birthdate:_____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

$30 per player / $75 for 3 or more players in the same family

Make checks payable to **Catskill Community Center**

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