



# CYO Sports Program

Our Lady of the Angelus  
2009-2010 Season

## Basketball Registration Form



Instructions: Please **PRINT** clearly.

/ / 2009

Today's Date

Child's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Male

Home Street Address \_\_\_\_\_

Female

City \_\_\_\_\_

NY  
State

Zip Code \_\_\_\_\_

Name of School currently attending \_\_\_\_\_

Grade in Sept. \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

AGE
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Parent/Guardian Last Name \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_

I give permission for my child to participate in the CYO Basketball program at Our Lady of the Angelus. Also, I give authorization for first aid to be given to my child in case of an emergency and I am not present. The undersigned herein will not hold Our Lady of the Angelus liable for any injuries which may occur due to the nature of the game.

Parent/Guardian Signature \_\_\_\_\_

I will be able to help the program with:

Gym/Yard Supervision & Security

Transportation

Maintenance

Entrance Door

Assist Coach

Kitchen

Scorer's Table

Other \_\_\_\_\_

Make checks payable to: **OLA CYO SPORTS PROGRAM**

**DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY.**

**Amount Paid**

- \$90 for 8-9 years old
- \$100 for 10-13 years old
- \$125 for 14 years old and over
- \$30 for UNIFORM

**Method of Payment**

- Cash \_\_\_\_\_
- Check # \_\_\_\_\_

**Proof of Age**

- Birth Certificate
- On File
- Other \_\_\_\_\_

**Proof of Residency:** \_\_\_\_\_

**CYO Sports Program**  
Our Lady of the Angelus

Received payment in the amount of \$ \_\_\_\_\_

Date: / / 2009

Participant's Name \_\_\_\_\_

Check # \_\_\_\_\_

Age \_\_\_\_\_

OLA Registrar Signature \_\_\_\_\_

Our Lady of the Angelus does not accept liability for any injury occurring before, during or after play. All injuries must be reported to the supervisor on duty.