ST. PIUS X CYO BASKETBALL PROGRAM

REGISTRATION / SIGN UP SHEET
(Please Print Clearly)

Team: (Check One)

☐ 5 & 6.Boys ☐ 7 & 8 Boys

☐ 5 & 6 Girls ☐ 7 & 8 Girls

Players Name: _____

Grade: _____ School: _____ Date of Birth: _____

Parents / Guardian Name: _____

Home Address: _____
. Street City Zip

Home Phone Number: _____

E-Mail Address: _____

Parents Emergency Number (Cell): _____

Emergency Contact Name: _____
(If Parent Cannot Be Reached)

Emergency Number: _____
(If Parent Cannot Be Reached)

Please List Any Medical Conditions We Should Know About:

_____

_____

_____

Checks made out to St. Pius X ($30.00 Registration Fee)
Fee Paid:

☐ YES-Cash ☐ YES - Check ☐ NO

Check No.: _____