

**St. Sabina Sports Association - Basketball Registration – 2009-2010 Season**

Male \_\_\_ Female \_\_\_ Grade: 2 3 4 5 6 7 8 9 10 11 12

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Roman Catholic? Yes \_\_\_ No \_\_\_ If yes, what parish do you belong to? \_\_\_\_\_

School district you live within \_\_\_\_\_ School your child attends \_\_\_\_\_

PSR Student: Yes \_\_\_ No \_\_\_ PSR Day \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Playing for another basketball team during the CYC basketball season (Jan-Apr)? Yes \_\_\_ No \_\_\_

5<sup>th</sup> thru 8<sup>th</sup> grade: Does your child wish to tryout for the more competitive team? Yes \_\_\_ No \_\_\_

Does your child have any medical condition or disability that the coach should be aware of? Yes \_\_\_ No \_\_\_

**CYC Eligibility Requirement**

CYC requires that all children 5<sup>th</sup> grade and older be a member of St. Sabina parish, attend the St. Sabina elementary school, or live within parish boundaries. If you do not meet these eligibility requirements, then a release must be obtained from the parish where the child is eligible to play.

**I understand that the St. Sabina Sports Association does not provide insurance to the participants in the athletic program and that I will be liable for my child's actions and/or injuries. I understand that the registration fee is non refundable unless there are exceptional circumstances that are reviewed and approved by the Executive Board of the St. Sabina Sports Association.**

I hereby permit my child to participate in the St. Sabina Sports Association program.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I am interested in volunteering to manage or coach a team:

Head Coach (Manager) \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Name \_\_\_\_\_

(Managers and coaches must meet Archdiocesan SEPA and CYC requirements)

1. Attend Protecting Gods Children
2. Attend Coaching to Make a Positive Difference
3. Read and sign the Archdiocesan Code of Ethics
4. Submit Missouri Highway Patrol Background Check Form to St. Sabina Parish

**Registration Fees:**

3rd thru 8th Grade \_\_\_ \$75 for one child \_\_\_ \$100 for two or more children

High School \_\_\_ \$40 (no multi-player discounts)

**Uniform Size**

Clinic T-Shirt Size (3-4) Youth S \_\_\_ Youth M \_\_\_ Youth L \_\_\_ Youth XL

CYC Uniform Size (5-8) Adult S \_\_\_ Adult M \_\_\_ Adult L \_\_\_ Adult XL \_\_\_

High School - Uniform is not provided

**St. Sabina Sports Association Use Only**

Amt Paid: \_\_\_\_\_ Pmt Method: Cash \_\_\_ Check \_\_\_ Concession Agreement Completed \_\_\_ Initials \_\_\_