

St. Columba CYO Basketball Program

In-house Registration Form – Grades 1-4

Player's Grade _____ Boy _____ Girl _____

Name of player _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Email address (**print clearly**) _____

Address _____ Town _____ Zip _____

School _____ School District _____

Player is registered at St. Columba parish _____ St. Denis parish _____ St Kateri parish _____

OR Player is a non-parishioner, but lives within the boundaries of St. Columba _____ St. Denis _____ St Kateri _____

Our family is willing to be placed on the Catholic Charities contact list: Yes _____ No _____ (check one)

One friend your child would like on team: _____

We attempt to meet CCD conflicts, yet may not be able to do so given gym allocations and expanded CCD schedules. Those that attend CCD on Saturdays: grade 1-3 practice/play only on Saturdays; grade 4 plays on Saturdays & Sundays. Once teams are formed, no changes can be made.

Player attends CCD at _____ day _____ time _____

Other conflicts: _____ day _____ time _____

Please document any medical information pertinent to your child's participation in this program. Include a specific course of action should a problem occur.

T-shirt Size _____ Sizes are Youth, Adult, and Women's: YS, YM, YL, AS, AM, AL, AXL, WS, WM, WL, & WXL

Parents/Guardians: We need volunteers to have a program . Please indicate your willingness to help below:

Coach _____ Assistant Coach _____ In-House Celebration Setup and/or Cleanup _____

Parent/Guardian: _____ Relationship to player _____
(please print clearly)

Signature _____ Today's Date _____

Please Register now to give us an idea of interest in each division.
Registration Fees will be collected at a later time.

Please send this completed form to:

Jeff Kubala
10 Morgan Lane
Poughquag, NY 12570

Every Player Must have a Registration Form Filled out and Signed