

ANNUNCIATION CYO 2020 GIRLS BASKETBALL SEASON

REGISTRATION & AGREEMENT DEADLINE August 28, 2020

ATHLETE: _____ DOB: _____ AGE @8/1/20 _____

SCHOOL: _____ GRADE: _____ ENROLLED IN CCD? Y N N/A

PRACTICE SHIRT SIZE NEEDED: _____ (Part of registration fee \$125)

NO UNIFORM NEEDED _____ UNIFORM SIZE IF NEEDED: top _____ shorts _____ (Additional \$70) Uniform # Preference (Provide 3 choices-numbers must be any combination 0-5): _____, _____, & _____

DID YOU PLAY FOR ANOTHER PARISH LAST YEAR? IF YES, PARISH?: _____

FATHER'S NAME: _____ CELL PHONE: _____

MOTHER'S NAME: _____ CELL PHONE: _____

ATHLETE'S ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE NUMBER: _____

EMAIL(S): _____

PRIMARY PHYSICIAN: _____ PHONE: _____

EMERGENCY CONTACT _____ PHONE: _____

* I, the parent/guardian of the athlete, agree that the athlete and I will abide by all the rules established in the Diocese of Stockton CYO Athletic Guidelines. I recognize the possibility of physical injury associated with basketball and in consideration for Annunciation CYO accepting the athlete for its programs, I hereby release, discharge and/or otherwise indemnify the Diocese of Stockton and Annunciation CYO and associated volunteers, including coaches, against any claim or on behalf of the athlete as a result of the athlete's participation in the program or being transported to or from the same, which transportation I hereby authorize. _____ Initials

*As the parent or legal guardian of the above named athlete, I hereby give 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 life, limb or well-being of my dependent. _____ Initials

**As the Parent or Legal Guardian, I understand participation is MANDATORY (and APPRECIATED!) during home games and/or tournaments. I agree to volunteer to help set up or clean up the gym for home games and/or tournaments.* _____ Initials

* As a Parent or legal guardian, I have read and understand and agree to all the statements listed above. _____ Initials

Questions and concerns, please contact your Coach or Athletic Director for Girls Basketball at Annunciation

Arica Arucan aricaarucan@gmail.com

CYO registration fees (includes practice shirt): \$125.00 for the 1st player; siblings \$100.00 per player. If you are purchasing a new uniform, please add an additional \$70.00. Please make checks payable to Annunciation CYO, memo Girls Basketball. Forms and payment can be dropped off at the Parish House 425 W. Magnolia Street, or mailed in to the Parish House ATTN: Matt Errecart or Annunciation School ATTN: Matt Errecart

Signature of parent/guardian _____ Date _____

FEE PD: CHECK # _____ BAPTISM CERT: _____ BIRTH CERT: _____ ADDITIONAL PLAYERS PD W/ THIS CHECK _____

NAME: _____ GRADE: _____ NAME: _____ GRADE: _____