

St. Paul School CYO Basketball Registration



Name _____ Grade _____
Address _____ City _____
State _____ Zip _____ Email _____
Home phone _____ Cell/work phone _____

I _____ give permission for my child,
(Parent or guardian name)
_____ to participate in the St. Paul CYO
(Child's name) Basketball program for the 2009-20010
season.

In the event of an emergency and I can not be reached, please contact
_____ who can be reached at _____

You should be aware that my child has the following condition(s);

(Parent or guardian's signature) (Date)

Registration fees for 2009-10

Grades 5 – 8	One child \$30 Two children \$50 Three or more \$70
Grade 4	One child \$20 Two or more \$30

**PLEASE MAKE ALL CHECKS PAYABLE TO; St. Paul CYO
INCLUDED WITH THIS REGISTRATION FORM MUST BE A COPY OF THE CHILD'S BIRTH
CERTIFICATE AND THE APPROPRIATE REGISTRATION FEE.**