

# 2011/12 Boys Basketball Player Registration

Welcome to another season of Boys Basketball! If you are in grades 3<sup>rd</sup> through 8<sup>th</sup> and are interested in playing basketball for Annunciation this year, please fill out and return the enclosed forms and return to the address listed below by Saturday, October 22, 2011. There will be a late fee of \$20.00 per player for any late forms.

If you are a first time player, you **MUST** include a copy of your Birth Certificate and Baptismal Certificate. If you are a Religious Education player, you must currently be enrolled and participating in our program or in another parish's program if that parish does not have a CYO Program in order to be eligible. We will be checking with our Religious Education Director for enrollment and participation status. You will be advised if you are not eligible or become ineligible during the season.

The cost for the program this year is \$75.00 for the first family member and \$70.00 for each additional family member in the same season. Please make checks payable to Annunciation CYO.

If you are in need of a new uniform this season or a replacement uniform, please complete the Uniform Order Form. Please make sure to indicate the uniform number that you that you will be using this season. Also please make sure that we don't have duplicates for your particular grades. We must have payment before we can order the uniform. If you have any questions with regard to uniforms, please contact Greg Doe – Equipment Manager at (209) 478-3043.

If you should have any questions regarding the information above, please feel free to contact Tommy Hernandez – Athletic Director at (209) 406-1770.

Please send your completed Registration Forms and Payment by Saturday, October 22, 2011 to: Tommy Hernandez- 1564 Princeton Ave. Stockton Ca.

**\*\*There will be a late fee of \$20.00 for all applications received after October 22, so please turn in your registration form on time\*\***

**ANNUNCIATION CYO  
REGISTRATION/AGREEMENT  
2011 BOYS BASKETBALL**

ATHLETE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE @12/1 \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ ENROLLED IN CCD? Y N N/A

**CURRENT UNIFORM NUMBER IS** \_\_\_\_\_

DID YOU PLAY FOR ANOTHER PARISH LAST YEAR? YES OR NO WHERE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

ATHLETE'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_**

**(We must have this Emergency Contact Completed)**

I, the parent/guardian of the athlete, agree that, I and the athlete, will abide by all the rules established in the Diocese of Stockton CYO Athletic Guidelines. Recognizing 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 by 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.

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.

As the Parent or legal guardian, I understand participation is mandatory, either as a team parent, or as a volunteer In the snack bar or for the gymnasium supervision duty on home games and tournaments. See your coach for details.

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

**Program registration fees: \$75.00 per player. Make checks payable to Annunciation CYO Sports.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**FEE PD: \_\_\_\_\_ CHECK # \_\_\_\_\_ BAPTISM CERT: \_\_\_\_\_ BIRTH CERT: \_\_\_\_\_**

**ADDITIONAL PLAYERS PD W/ THIS CHECK: NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_**

**NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_**

**(PLEASE COMPLETE THE OTHER SIDE OF THIS FORM)**