

PRESENTATION CYO REGISTRATION AGREEMENT

DATE: _____

_____ GIRLS BASKETBALL _____ BOYS BASKETBALL _____ VOLLEYBALL

Players Name Grade

Players School Religious Ed Program
(if not attending Presentation School) Birthdate

Fathers Name/Legal Guardian Home Phone Cell Phone

Address Zip Code e-mail address
CYO communicates mainly through e-mail

Mothers Name/Legal Guardian Home Phone Cell Phone

Address (If different from above) Zip Code e-mail address
CYO communicates mainly through e-mail

Friend/Relative to Contact (if Parent unavailable) Home Phone Cell Phone

REGISTRATION REQUIREMENTS

1. Parents must present a copy of the Players birth certificate at Registration, unless a returning Player
2. Parents must present a copy of the Players Catholic Baptismal Record at Registration, unless the Player is attending Presentation School or is a Returning Player
3. The Player must attend Presentation Scholl or the Players Family must be a Registered Parishoner of Presentaiton Church and be enrolled and attending Religiuous Education
4. The Player must not play for, practice with, another organized team in the same sport, or in any other league at anytime while participating in CYO
5. Parents must pay Diocese and Parish Registration Fees of **\$100.00/Player**. Family discounts are available at a rate of **\$190.00** for 2 siblings, **\$260.00** for 3 Players, etc. **IN THE SAME SEASON**
Please make check payable to **PRESENTATION CYO**
6. Uniform Deposits of \$ _____ may be required and will be destroyed after the Uniform has been returned in good condition
7. Refund Policy - A written Request must be made within 2 weeks of the posted Registration Date
8. Parents are responsible for on-time transportation to and from practices and games
9. Only players are allowed at Practices. Siblings are not allowed to stay unless a Parent is present.
10. Coaches have the right to conduct "Closed Practices"
11. Parents must be available to volunteer their time to ensure the success of the program
12. Game Schedules are available at www.stocktoncyo.com

Rules of the DIOCESE, PARISH, COACH and ATHLETIC DIRECTOR for CYO participation and understand that any violation will result in forfeit of games and suspension of the PLAYER. In the event of an emergency, I authorize the adult supervising my child in CYO participation to consent to MEDICAL or DENTAL Treatment, which is deemed advisable by, and to be rendered under the supervision of a licensed PHYSICIAN or DENTIST

Parents Signature Date

To Be Filled Out By CYO Board Member

_____ BAPTISMAL CERT _____ BIRTH CERT _____ REG CK _____ UNI DEP _____ RETURNING _____ NEW