

2017-2018 St. Luke CYO Basketball Registration Form

Child's Name: _____ Phone: _____

Address: _____ Emergency # _____

_____ Email: _____

Date of Birth: _____ School & Grade: _____

Mother's Name: _____ Father's Name: _____

I/We would like to volunteer as Head coach _____ Asst. Coach _____

Permission statement

As parent or guardian, I hereby give my child permission to participate in the 2017-2018 St. Luke CYO basketball program. In the event of any injury to my child, I authorize the coaches to arrange transportation to a nearby medical facility if I am unavailable.

Signature: _____ Date: _____

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Fee \$160: Check #: _____ (made payable to: St Luke Parish) Cash _____

St. Luke Parishioner: _____ Non Parishioner _____ Non Catholic _____

Copy of Baptism Cert.: _____ Copy of Birth Cert.: _____

Health Insurance Carrier: _____

Policy No. _____

PATERSON DIOCESE RULES ONLY ALLOW 2 NONCATHOLICS ON A TEAM. DIRECTOR SHALL STRICTLY ENFORCE THIS RULE TO INSURE COMPLIANCE AND LIMIT ROSTER SIZE.