



2017



2018



All Saints CYO registration fees are \$40 per child or a maximum of \$70 per family
Uniform deposit of \$20 per child
There will be a \$20 fee assessed for any late registrations

PLAYER INFORMATION (Please Print)

Name: _____ Date of Birth: _____

Address: _____ Age: _____

Parish: _____ Grade: _____

Preferred Uniform Size (Biddies and Juniors only): YM YL AS AM AL AXL

PARENT/GUARDIAN INFORMATION (Please Print)

Primary Contact

Emergency Contact

Name: _____

Name: _____

Address: _____

Address: _____

City,State, Zip: _____

City,State, Zip: _____

Home Phone: _____

Home Phone: _____

Mobil Phone: _____

Mobil Phone: _____

Email Address: _____

Email Address: _____

OTHER SIBLINGS PLAYING ALL SAINTS BASKETBALL (Please Print)

<u>Name</u>	<u>Age</u>	<u>DOB</u>	<u>Grade</u>	<u>Preferred Uniform Size</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COACHING

I am interested in volunteering my time with coaching or assistant coaching a team at All Saints this year.

Name: _____

Contact Number: _____

Parent Information Meeting Tuesday October 17, 2017 at 7pm located in the All Saints Gathering Space.
Registration forms along with payment will be due at that time
Questions can be emailed to: SPORTSCOMMITTEE@ALLSAINTSALBANY.ORG

Please place a "X" next to any health issue your child may have so that our coaches can be sensitive to the athlete's needs. Please complete this list for each child that will be registered in the program.

CHILD 1 NAME: _____

	YES	NO
Allergies	_____	_____
Bee Sting Allergy	_____	_____
Asthma	_____	_____
Anemia	_____	_____
Convulsions/Seizures	_____	_____
Fainting	_____	_____
Ear problems/Hearing Loss	_____	_____
Headaches	_____	_____
Head Injury	_____	_____
Heart Conditions	_____	_____
Nose Bleeds	_____	_____
Ankle Problems	_____	_____
Back Problems	_____	_____
Knee Problems	_____	_____
Neck Problems	_____	_____
Wear Glasses/Contacts	_____	_____

CHILD 2 NAME: _____

	YES	NO
Allergies	_____	_____
Bee Sting Allergy	_____	_____
Asthma	_____	_____
Anemia	_____	_____
Convulsions/Seizures	_____	_____
Fainting	_____	_____
Ear problems/Hearing Loss	_____	_____
Headaches	_____	_____
Head Injury	_____	_____
Heart Conditions	_____	_____
Nose Bleeds	_____	_____
Ankle Problems	_____	_____
Back Problems	_____	_____
Knee Problems	_____	_____
Neck Problems	_____	_____
Wear Glasses/Contacts	_____	_____

CHILD 3 NAME: _____

	YES	NO
Allergies	_____	_____
Bee Sting Allergy	_____	_____
Asthma	_____	_____
Anemia	_____	_____
Convulsions/Seizures	_____	_____
Fainting	_____	_____
Ear problems/Hearing Loss	_____	_____
Headaches	_____	_____
Head Injury	_____	_____
Heart Conditions	_____	_____
Nose Bleeds	_____	_____
Ankle Problems	_____	_____
Back Problems	_____	_____
Knee Problems	_____	_____
Neck Problems	_____	_____
Wear Glasses/Contacts	_____	_____