



2015



2016



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

Player Information (Please Print)

Name: _____

Date of Birth: _____

Address: _____

Age: _____

Parish: _____

Grade: _____

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)

Name

Age

DOB

Grade

COACHING

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

Name: _____

Contact Number: _____

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	_____	_____