2012 2013

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		Secondary Contact
Name:		Name:	
Address:		Address:	
City,State, Zip:		City,State, Zip:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Work Phone:		Work Phone:	
Mobil Phone:		Mobil Phone:	
Emergency Contact and Phone:		Emergency Contact and Phone:	
Email Address:		Email Address:	

Other Siblings Playing All Saints Basketball (Please Print)

Name	Date of Birth	Grade

(Please turn over)

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		