

**Holy Cross CYO Basketball
Registration and Consent**

Player's Name: _____

Parent(s): _____

Address: _____

Your phone: _____ Your Email: _____

School: Kaukauna Xavier Other: _____

Year: Sr Jr So Fr

Did you play last year: Yes No

Who was your coach? _____ Do you wish to remain on that team? Yes No

Note: If you are an incoming Freshman or are new to Holy Cross CYO, there will be a \$25 jersey fee in addition to the regular registration fee of \$35, for a total of \$60.00.

Tell us your shirt size: M L XL XXL

I have read the rules for Holy Cross CYO Basketball, I understand them, and I agree to abide by them.

Date _____
Player's signature here _____

TO BE COMPLETED BY PARENT OF GUARDIAN

I / We hereby give my/our permission for the above-named student to participate in Holy Cross CYO Basketball for the 2018-2019 season.

In case of injury, accident, or emergency, coaches and Holy Cross CYO officials are hereby authorized to administer first aid to the best of their ability: Yes No

Family physician _____ Phone _____

Family dentist _____ Phone _____

Known allergies _____

Date _____
Parent or Guardian _____

Date _____
Parent or Guardian _____

Return this form, along with your registration fee, to the Holy Cross Gym, 316 Kaukauna Street, Kaukauna, at 7:30 on Tuesday, November 13th.