

**ST. ISIDORE'S CYO ATHLETIC PROGRAM  
SPORTS INFORMATION AND REGISTRATION**

To participate in the St. Isidore CYO Athletic Association sports programs, each player must be a member of St Isidore Parish and is required to meet Archdiocese eligibility requirements. If eligible, the full completion of this form and full payment of the sports registration fee is required at time of registration.

<b>BASKETBALL REGISTRATION 2011/12</b>		
<b>PLEASE CIRCLE LEVEL AND AMOUNT OF PAYMENT</b>		
<b>LEVEL</b>	<b>FEE (1ST CHILD)</b>	<b>FEE (2ND &amp; 3RD ETC)</b>
4 <sup>th</sup> Grade Girls	\$90.00	\$85.00
JV Girls (Grades 5 & 6)	\$110.00	\$105.00
VAR Girls (Grades 7 & 8)	\$110.00	\$105.00
4 <sup>th</sup> Grade Boys	\$90.00	\$85.00
JV Boys (Grades 5 & 6)	\$110.00	\$105.00
VAR Boys (Grades 7 & 8)	\$110.00	\$105.00
H.S. Girls (Grades 9-12)	\$110.00	\$105.00
H.S. Boys JV (Grades 9 & 10)	\$110.00	\$105.00
H.S. Boys VAR (Grades 11 & 12)	\$110.00	\$105.00
<b>UNIFORM SIZE: SHIRT: _____</b>		

**COMPLETE A SEPARATE FORM FOR EACH CHILD**

**NAME OF PLAYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

**MEDICAL PROBLEMS /ALLERIGIES / MEDICATIONS:** \_\_\_\_\_

\_\_\_\_\_

**PERMISSION TO SEEK MEDICAL CARE IF NEEDED: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**INSURANCE NAME AND ID:** \_\_\_\_\_

**EMERGENCY NAME & PHONE NUMBER:** \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT:** \_\_\_\_\_

**Permission to use athletes photo on St Isidore Websites: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**PLEASE MAIL COMPLETED FORM AND PAYMENT TO:  
MR. JOE PARYLAK, 12 HOLLINS LANE, QUAKERTOWN, PA 18951**