



# 2016-2017 Registration Form

**BASKETBALL FOR ALL**

Please print and complete ALL player information

New Player  Returning Player

House League  Select Team Tryout

**Player Information:**

Male  Female  Height: cm Birth date: Day Month Year

Player Name:			
Address:			
City:		Postal Code:	
Primary Phone #		Cell Phone #	
Contact E-mail Address # 1			
Contact E-mail Address # 2			
Parent Name(s)			
Emergency Contact		Phone Number( s)	
School:		Grade:	
Health Card #			
Medical Conditions			

There is a potential risk for injury involved in training and participating in any sport. The St. Catharines CYO Rebels have tried to create a safe and controlled environment for safe participation. The St. Catharines CYO Rebels and Basketball Ontario have established rules for participation and conduct on or about the area that should be followed. I agree to abide by the Published Rules of Basketball Ontario's Fair Play Policy and the St. Catharines CYO Rebels Basketball Organization.

Parent Signature: \_\_\_\_\_

**Volunteer Information:**

Name (s):			
Contact Phone #		Email	

Coach  Assistant Coach  Convener  Referee

**Cheques payable to: ST.CATHARINES CYO REBELS BASKETBALL**  
**C/O Robert Miller; 25 Edgedale Road, St. Catharines, Ontario L2R3V9**

Office Use Only:	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	MO <input type="checkbox"/>	<input type="checkbox"/> Info Online
Payment Date		Amount		
Siblings		Division		