



2017-2018 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
Weight: _____ lbs

Birth date: _____
Day _____ Month _____ Year _____

Player Name:			
Address:			
City:		Postal Code:	
Mom Phone:		Dad Phone:	
Mother Name			
Father Name			
Contact E-mail Address # 1			
Contact E-mail Address # 2			
School:		Grade:	
Medical Conditions			
Notes for Convener	**Please note that we do our best to honour requests, however, at times we cannot fill a request in order to balance teams. Decisions are made in a fair and equitable manner.		

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: _____ date: _____

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		