Holy Cross CYO Basketball 2019-2020
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, are new to Holy Cross CYO or lost your jersey there will be a $30 jersey fee in addition to the regular registration fee of $35, for a total of $65.00.
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 OR GUARDIAN

I / We hereby give my/our permission for the above-named student to participate in Holy Cross CYO Basketball for the 2019-2020 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 7:00 on Tuesday, November 12th.