

FINAL REGISTRATION



**RATINGS
WILL BE BY
NOVEMBER
15TH**

ST. JOSEPH'S CYO
P.O. Box 2755
Lake Ronkonkoma, NY 11779
www.stjocycosports.com

**GIRLS
SEPARATE
DIVISION**



2018-2019 FALL-WINTER BOYS & GIRLS BASKETBALL

CLINIC K-1-2 **GRADES 3-8**
\$65.00 **\$100.00**
AT ST. JOSEPH'S CYO WE GIVE YOU A CHOICE
FUND RAISING: **NO FUND RAISING:**
1 BOX OF CANDY TO BE **ADD \$25.00 TO COST**
SOLD BY EACH ATHLETE **OF REGISTRATION**

GRADES 9-12
\$135.00
SENIOR DIVISION
 2 refs per game

**BOYS
ONLY
DIVISION**

Please join us on **IN** *Please join us on*
PERSON REGISTRATION

**GIRLS
ONLY
DIVISION**

FOR INFORMATION

Boys & All Travel Teams Division: Vinny - 543-4100
 Girls Intramural Division - Debbie - 467-6174
 Clinic Division - Nick - 585-7723



THURSDAY, NOV. 8TH - RMS MIDDLE SCHOOL, GYM HALLWAY 6:30PM-8PM
SATURDAY, NOV. 10TH - ST. JOE'S GYM HALLWAY 12PM-2PM
WEDNESDAY, NOV. 14TH - CHEROKEE, GYM HALLWAY 6:30PM-8PM

OR MAIL IN REGISTRATION ASAP

I agree as parent/guardian to provide all transportation to and from all games and practices. I hereby authorize my child's participation in St. Joseph's CYO sports program, and I know of no physical disabilities or illness which would interfere or prevent his/her participation. I do hereby waive, release, indemnify and agree to hold harmless or responsible the St. Joseph's CYO, its sponsor, staff and participants, for any claim arising out of injury to my child, whether the result of negligence or for any other cause except to the extent of St. Joseph's CYO, liability responsible for this activity.

Parent/Guardian Signature _____ Date _____

COACHES NEEDED FOR ALL DIVISIONS!

BASKETBALL: I DO NOT WANT TO DO ANY FUNDRAISING. I ADDED \$25 TO THE REGISTRATION COST
 I WILL DO FUND RAISING OF CANDY

Name _____ D.O.B. _____ School attending _____
 Address _____ Town _____ Zip _____
 Phone _____ Cell _____ Check One: Boy Girl Grade _____
 Parent's Email _____ I want to coach I want to assist

If At All Possible, Check or Money Orders. Make Checks Payable to:
ST. JOSEPH'S CYO • P.O. BOX 2755 • LAKE RONKONKOMA, NEW YORK 11779

No Registration Returns • \$40.00 Bank Service Fee For Returned Checks
 St. Joseph's reserves the right to change age groups based on registration numbers and the athletes ability.

APPROVED