

ST. FRANCIS XAVIER CYO 2016-17 BASKETBALL PROGRAM

The 2016-2017 SFX-CYO basketball season is set to begin November 1st, 2016 in the St. Francis Xavier Center. If needed, coaches will call athletes to inform them of open gym for each grade level prior to team selections. Athletes must attend practices twice a week at St. Francis Xavier and be committed to participate in weekend games. **A CYO pre participation form with a doctor's signature valid for 13 months is required to participate.** Only new registrants will need to attach a copy of their birth certificate with the registration to be filed with St. Francis Xavier. Cleveland CYO league games will commence the weekend of December 3-4 and continue through mid February 2017 with tournament championships running into early March 2017. No team is guaranteed games in our gym. Game scheduling is handled by CYO. Please note that teams in the sixth, seventh and eighth grade are divided by skill level in most cases. **Absolutely no refunds issued after November 11th!**

Our parish CYO basketball program is open to boys and girls in grades 3, 4, 5, 6, 7 and 8.

All participants must either

1. be enrolled in St. Francis Xavier School, home schooled and a member of our parish
2. be enrolled in and actively attending all year a Parish School of Religion program.
3. and cannot be a member of any other basketball team during the season.

To register for the program, complete the form below and **return by Wednesday October 19th, 2016 to:**

- St Francis Xavier Rectory office or School office to the attention of Rhonda McKinnon
- We firmly adhere to the policy that **REGISTRATIONS RECEIVED AFTER DEADLINE ARE PUT ON A WAITING LIST!**
- We do not take requests of any kind for team selection, coaches or practice times.
- Parents will be assessed \$30.00 for each jersey top and \$15.00 for shorts damaged or lost.

For further information, contact Kim Tucek, kimtucek@yahoo.com

All forms are available on our website www.stfrancisxavierathletics.com

Kim Tucek, SFX-CYO Athletic Director

Use one form per registrant. Please print clearly and fill in all blanks. Make copies if more are needed. Save upper portion.

STUDENT'S NAME _____ TELEPHONE NO. _____

PARENTS' NAMES _____

PARENTS' EMAIL ADDRESS _____ For transmitting timely CYO related info to parents

ADDRESS _____ CITY/ZIP _____

PARISH _____ SCHOOL _____ PSR Program attending _____

AGE _____ DATE OF BIRTH _____ PREVIOUS YRS. IN SFX-CYO BB _____

month-----day ----year
Circle uniform size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL
Adult XXL

Circle gender/grade: BOY GIRL GRADE 3 4 5 6 7 8 Fee: \$92.00 per child

Make check payable to **ST. FRANCIS XAVIER CYO.** _____ Check if student is trying out for another BB team

I hereby authorize the directors of the SFX CYO Program to act for me according to their best judgment in an emergency requiring medical attention. I understand that neither St. Francis Xavier Church, School, SFX-CYO directors, nor anyone else associated with the program will assume any responsibility or liability for personal injuries, damages or losses which my child may sustain during the season. Signed by Parent _____ Date _____

Date Received _____ Cash _____ Check Number _____ Amount _____

