

# ST. FRANCIS XAVIER 2016-17 CYO HIGH SCHOOL BASKETBALL PROGRAM

The 2016-17 SFX-CYO High School Basketball Season is set to begin the week of November 1, 2016. Athletes must attend practices at St. Francis Xavier gym (HS practices are between the hours of 9-10 pm) and be committed to participate in weekend games. **A CYO pre participation form with a doctor's signature valid for 13 months and valid for the entire season is required to participate. This must be submitted before the first practice.** Only new registrants will need to attach a copy of their birth certificate with the registration to be filed with St. Francis Xavier. CYO league games will commence the weekend of December 10th, 2016 and continue through mid-February 2017 with tournaments running into early March 2017. Game scheduling is handled by CYO. If you are trying out for a high school team, we will hold your registration fee and return it to you if you make their team, but returning this form will secure you a place on a CYO team.

Our parish CYO High School Basketball Program is open to boys and girls in grades 9, 10, 11 and 12. All participants must be

1. registered with St. Francis Xavier Parish and be attending a local or a parochial high school or be homeschooled,
2. actively attending Sunday Mass
3. and cannot be a member of any other basketball team during the season.

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

- **Kim Tucheck, 5890 Deerview Ln., Medina, Ohio 44256**

For further information email [kimtucheck@yahoo.com](mailto:kimtucheck@yahoo.com).

Forms available on our website [www.stfrancisxavierathletics.com](http://www.stfrancisxavierathletics.com) and via email request ([kimtucheck@yahoo.com](mailto:kimtucheck@yahoo.com))

Kim Tucheck, SFX-CYO Athletic Director

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

STUDENT'S NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (For transmitting timely CYO related info to parents)

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

PARISH \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

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

month-----day ----year  
 \_\_\_\_\_ Birth Certificate Copy Attached - New Player (if not available, must mail by 11/01/16)

BOYS'/GIRLS' BASKETBALL GRADE 9 10 11 12 Fee per Student \$ 110

TOTAL FEE ENCLOSED \_\_\_\_\_

Make checks payable to **ST. FRANCIS XAVIER CYO.**

\_\_\_\_\_ Check here if student is trying out for another basketball 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 \_\_\_\_\_*

**Do not write below this line**

Date Received	Cash	Check Number	Amount
---------------	------	--------------	--------

