

**St. Robert Bellarmine Athletics**  
**2017 Basketball Registration Form**  
(Please Print Clearly)

Athlete's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parish: \_\_\_\_\_ School: \_\_\_\_\_

Grade In 2017 / 2018 School Year: \_\_\_\_\_ Preferred E-Mail: \_\_\_\_\_

4/5/6 Boys Basketball: \_\_\_\_\_ 7/8 Boys Basketball: \_\_\_\_\_ 4/5/6 Girls Basketball: \_\_\_\_\_ 7/8 Girls Basketball: \_\_\_\_\_

Uniform Size: Youth \_\_\_\_\_ Adult \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_

Parents/Legal Guardian Name (please print) \_\_\_\_\_

**This form must be returned by September 11<sup>st</sup> 2017.**  
**Forms returned after that date will be placed on a waiting list and subject to a late fee.**

*This form must be accompanied by the*  
***\$65 registration fee and the \$10 CYO Participation Fees***  
*\*\*\*\* Forms not accompanied by these fees will be placed on a waiting list. \*\*\*\**

I am the parent or legal guardian of the above named student athlete and have read the above and recognize the risk in participation and injury. (Signature below) The student athlete is covered by an insurance policy in effect for the school year:

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy or Group #

**EXPECTATIONS IN EDUCATIONAL ATHLETICS**

The administration and staff of our parish/school, all CYO parishes/schools, and the CYO athletic office wish to make it clear that CYO sports are educational activities. Athletes, parents, and friends must be aware of our expectations with regard to sportsmanship.

Unlike professional sports, as a spectator at an athletic event, you are part of the activity, much like the athletes, coaches, and officials. As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending CYO athletic events.

- ◆ It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches, and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- ◆ It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the game to administer these educational activities.
- ◆ At all times it is expected that we will respect one another; adults and athletes alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Student Athlete and Parents/Guardians indicates that they have read, understand and agree to the above.

\_\_\_\_\_  
Student Athlete

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

**This form will be kept on file at the parish/school. A new form must be filed for each sport a student participates in. A form must be submitted by parents to the coaches at the start of each new athletic season.**

<b>Date Rec'd:</b> _____		<b>****For Office Use Only****</b>	
<input type="checkbox"/> Registration Fee _____	Cash _____	Check # _____	<input type="checkbox"/> Participation Fee _____
			Cash _____
			Check # _____
Physical Exam Form _____	Assumption of Risk Form _____	Concussion Awareness Form _____	