

**ST. JOHN VIANNEY CHURCH  
CAL BASKETBALL  
REGISTRATION FORM**

I UNDERSTAND THAT FOR ME TO PLAY BASKETBALL I MUST BE ATTENDING  
RELIGIOUS EDUCATION WEEKLY AND **MUST REGULARLY ATTEND MASS**

\_\_\_\_\_  
CHILDS SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

CHILD'S NAME \_\_\_\_\_ MALE or Female \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
(ADDRESS, CITY, STATE, ZIP)

TELEPHONE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CATHOLIC PARISH (IF OTHER THAN ST. JOHN VIANNEY) \_\_\_\_\_

NON-CATHOLIC (please check here) \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
(PLEASE PRINT)

\_\_\_\_\_  
(RELATIONSHIP TO CHILD)

HOME # \_\_\_\_\_ WORK# \_\_\_\_\_

MOBILE # \_\_\_\_\_ PAGER # \_\_\_\_\_

CHECK OFF THE DIVISION YOUR CHILD IS ELIGIBLE TO PARTICIPATE

\_\_\_\_\_ **JUNIOR DIVISION** (GRADES 4-6)

\_\_\_\_\_ **GRAMMAR DIVISION** (GRADES 7-8)

\_\_\_\_\_ **CADET DIVISION** (GRADES 9-10)

PLEASE NOTE: THE COORDINATOR/COACHES WILL MAKE FINAL DECISION REGARDING DIVISION

I AM INTERESTED IN PARTICIPATING AS A: COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(TELEPHONE #)

**REGISTRATION FEE \$110.00**

CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CHECK # \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO ST. JOHN VIANNEY**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE