

Paid   
(Office use only)

# TEAM REGISTRATION FORM

Please complete one form for each team. The cost per team is \$310.  
Checks must be made payable to **CYM Basketball League**.  
This form and payment are due on Saturday, November 21, 2009.

**PARISH:** \_\_\_\_\_

**Register this team for the following league:**

**BOYS' CADET (9<sup>TH</sup>-10<sup>TH</sup> GRADE)**

- 9<sup>th</sup> Grade Only
- 10<sup>th</sup> Grade Only
- Mixed 9<sup>th</sup> & 10<sup>th</sup> Grade

**GIRLS' CADET (9<sup>TH</sup>-10<sup>TH</sup> GRADE)**

- 9<sup>th</sup> Grade Only
- 10<sup>th</sup> Grade Only
- Mixed 9<sup>th</sup> & 10<sup>th</sup> Grade

**BOYS' JUNIOR (11<sup>TH</sup>-12<sup>TH</sup> GRADE)**

- 11<sup>th</sup> Grade Only
- 12<sup>th</sup> Grade Only
- Mixed 11<sup>th</sup> & 12<sup>th</sup> Grade

**GIRLS' JUNIOR (11<sup>TH</sup>-12<sup>TH</sup> GRADE)**

- 11<sup>th</sup> Grade Only
- 12<sup>th</sup> Grade Only
- Mixed 11<sup>th</sup> & 12<sup>th</sup> Grade

Was this team in the league last year?    \_\_\_Yes    \_\_\_No

If yes, what was the team record? \_\_\_\_\_

**HEAD COACH** \_\_\_\_\_

Completed *Safeguarding All of God's Family* training?    \_\_\_Yes    \_\_\_No

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_    Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_    Fax \_\_\_\_\_

Email Address \_\_\_\_\_

## ADDITIONAL COACHING STAFF

Completed *Safeguarding* Training?

Assistant Coach \_\_\_\_\_    Phone \_\_\_\_\_    \_\_\_Yes \_\_\_No

Assistant Coach \_\_\_\_\_    Phone \_\_\_\_\_    \_\_\_Yes \_\_\_No

Assistant Coach \_\_\_\_\_    Phone \_\_\_\_\_    \_\_\_Yes \_\_\_No

**PARISH CONTACT PERSON**

(Athletic Director or CYM Coordinator)

NAME \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Does your parish have a gym? \_\_\_\_\_Yes \_\_\_\_\_No

Is your gym available for league games? \_\_\_\_\_Yes \_\_\_\_\_No

Is your gym of regulation size? \_\_\_\_\_Yes \_\_\_\_\_No

**GYM CONTACT PERSON**

NAME \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**SCHEDULING CONFLICTS**

**Indicate *ONE* scheduling conflict day that should be avoided in scheduling this team (dances, parent/child events, auctions, etc.)**

Date: \_\_\_\_\_

Religious Education Classes meet (days and times): \_\_\_\_\_

**Indicate *ONE* retreat weekend that should be avoided in scheduling (only for teams with Confirmation Candidates):**

Retreat Dates: \_\_\_\_\_