

Team Registration Form 2012 (One team per form)

Please complete this information for each separate team. Cost is \$310 per team.

Make checks payable to: **CYM Basketball League**

Note: This form and payment are due on Saturday, November 19, 2011

Team No. _____

CHECK INFO		
Acct Name _____	_____	
Check No _____	Date _____	Amount _____
LEAGUE USE ONLY		

PARISH: _____

As Director of Religious Education (DRE) / Director of Youth Ministry (DYM) I acknowledge and endorse the involvement of this team in the 2012 CYM basketball league.

DRE / DYM Signature Phone Number

DRE / DYM Print Name Email address

REGISTER THIS TEAM FOR THE FOLLOWING LEAGUE:

BOYS CADET (9TH-10TH GRADE)

- 9th Grade Only
- 10th Grade Only
- Mixed 9th& 10th Grade

GIRLS CADET (9TH-10TH GRADE)

- 9th Grade Only
- 10th Grade Only
- Mixed 9th& 10th Grade

Boys Junior (11th-12th Grade)

- 11th Grade Only
- 12th Grade Only
- Mixed 11th & 10th Grade

Girls Junior (11th-12th Grade)

- 11th Grade Only
- 12th Grade Only
- Mixed 11th & 10th Grade

Was this team in the league last year? Yes No (circle one)

If yes, what was your record? _____

LEAGUE CONTACT PERSON

(CYM Coordinator / Athletic Director)

Name _____

Address _____

City _____ State _____ Zip _____

Home _____ Work _____

Cell _____ Fax _____

Email Address _____

Team Registration Form 2012

NAME OF COACH _____

Address _____

City _____ State _____ Zip _____

Home _____ Work _____

Cell _____ Fax _____

Email Address _____

NAME OF COACHING STAFF

Program Completion*

Head Coach _____ Phone _____ Yes No

Assistant _____ Phone _____ Yes No

Assistant _____ Phone _____ Yes No

Assistant _____ Phone _____ Yes No

***COMPLETION OF "SAFE ENVIRONMENT EDUCATION" PROGRAM**

GYM CONTACT PERSON

(Contact person for gym operations for game day changes / emergencies)

Name _____

Phone _____ Cell _____

Fax _____ Email _____

Does your parish have a gym? Yes No (circle one)

Is your gym available for league games? Yes No (circle one)

Is your gym of regulation size? Yes No (circle one)

SCHEDULING CONFLICTS

- Indicate one scheduling conflict day off that should be avoided in scheduling this team.
(This is meant for dances, parents/child events, auctions, etc.)

Scheduling day off (if needed): _____

- Religious education/Confirmation classes meet: _____

Date: _____ Time: _____

- Indicate one retreat weekend that should be avoided in scheduling this team.
(Only for teams with players in confirmation program - typically high school juniors)

Retreat weekend: _____